EDITH SANCHIONI 5/24/1911 No. 37#1

# Commonwealth of Massachusetts.

# DEPOSITION

### CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)					
The undersigned on oath depose and say that the record relating to the birth					
of Telgio: Edny Sanchein					
(Name of child.)		(City or town.)	(Name	of city or town.)	
does not fully and correctly state all t	the facts re	elating to said birth, ar	nd that	the following is a	
true statement of facts omitted or inco	rrectly sta	ted in said record:			
Date of birth, May 24-19/1		Name of father, Sus	Jop,	Danchimi	
Name of child, Elith Lucy Sax	nchion	Maiden name of mother,	luncar	zielo Cabeni	
Sex, Famale		Residence of parents,	Ser.	The General ethe birth occurred.)	
Color, Wh		Occupation of father,			
Condition (twin, &c.),		Birthplace of father,	Hu	ly	
Place of birth, South borough	1	Birthplace of mother,	Floor	g	
SIGNATURE.	(Cit	RESIDENCE. y or town, street and number, if any.)		Relation to child, if any.	
Annungiata Landrioni	5	with beneft		mothy	
		0			
		Date, Sip.	21-	14.28	
Then personally appeared before me the person whose signature appear above and made					
oath that the statements subscribed to by are true.					
Recorded 2pt 21-1928  Of Just Grouph Mass.					
1	. /	(City or t	own.)	Clerk.	
Recorded Syl 31-19	978	Of I	6	Maca Maca	
V		01	0.00	Jy wass.	

WALTER ROSSI 10/27/1911

RECORD annual PERMANENT transmittal 10 decree last day THIS IS persons to the brior illegitimate of name UNFADING return of of change of is not necessary except in

MARGIN RESERVED FOR BINDING side for affidavit. See this office, WRITE

OFFICE OF THE SECRETARY (City or Town making this return) Registered No. A RECORD OF BIRTH (City or Town) Deposition No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) 2 FULL NAME OF CHILD. 3 Sex MM 5 Born ALIVE or STILLBORN (a) Twin, triplet or other 6 Date If plural of Birth 3a Color Births (b) Number, in order of birth. Month' 13 FATHER MOTHER MAIDEN FULL NAME NAME PRESENT NAME 14 RESIDENCE, NO STREET RESIDENCE, NO. STREET t time of birth of adoption) At time of birth or adoption) 15 AGE AT TIME OF BIRTH AGE AT TIME OF BIRTH COLOR COLOR OR ADOPTION .. J. J. ... (YEARS) OR RACE OR ADOPTION . . . . (YEARS) 17 PLACE PLACE OF BIRTH (State or Country) (City or Town) (City or Town) (State or Country) 18 12 (At time of birth or adoption) (At time of birth or adoption) (Name) (Physician, parent or other, etc.) ADDRESS NO..... (City or Town) 20 Original Return Received .... (Month) (Day) (Year) 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the...... ., in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town) has been transmitted to the Secretary of the Commonwealth.

(Registrar)

-(P)

### DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County ofss.:
The undersigned, being duly sworn, depose and say that the record relating to the birth of
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied byon the form of certificate
on the other side of this blank.  SIGNATURE  RESIDENCE (City or town, street and number, if any)  Relation to child, if any  Mrs Constance Rossing Street St
FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:
THE PARTY OF THE P
Date, 7-1-24, 1944
Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to byare true.
Name maining This Denaed.
Official designation Latau Pullic. (City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents. MARGIN RESERVED FOR BINDING

# Baptismal Certificate

CHURCH OF

Southboro, mass
Name Walter Atemus Rossi
Child of Frank Rossi
and Silelle Constantino
Born Oct , 27 1911
was Baptized Pec. 20 (911
According to the Rite of the Roman Catholic Church
By Rev. W. B Fallon
Sponsors   Sous Ramelli Madeline Rossi
Madeline Rossi
As appears from the Baptismal Register of this Church.
Dated Feb 22 1944
No. R. Brophy
Rector

NO. 305, F. J. R. CO., N. W

MARY GAZZOLA 1/4/1912

*	Worcester  (County)  Southborough (City or Town)  Sears Road  Mary Gossele	Southborough (City or Town making this return)		
	2 FULL NAME OF CHILD			
		ive of Birth Jan. 4, 1912 (Month) (Day) (Year)		
wit.	7 FATHER FULL NAME Vincenzo Gazzola	MAIDEN Serena Pellizzari PRESENT Serena Gazzola		
e for affidavit.	RESIDENCE, NO. Sears Road STREET  (At time of birth or adoption)  CITY OR TOWN Southborough STATE Mass.	RESIDENCE, NO. Sears Road STREET  (At time of birth or adoption)  CITY OR TOWN Southborough STATE Mass.		
reverse side for	color White AGE AT TIME OF BIRTH OR ADOPTION (Years)	COLOR White AGE AT TIME OF BHRTH OR ADOPTION 20 (Years)		
See reve	11 PLACE OF BIRTH Gosolengo, Italy (City or Town) (State or Country)	OF BIRTH Gosolengo, Italy (City or Town) (State or Country)		
	OCCUPATION Laborer  (At time of birth or adoption)	OCCUPATION At Home (At time of birth or adoption)		
	19 ATTENDANT AT BIRTH OR INFORMANT. Dr. Sha ADDRESS NO. Main	(Name) (Physician, parent or other, etc.) ST., Southborough (City or Town)		
12	20 Original Return Received (Month) (Day) (Year)	21 Original Record: Vol. 3 Page 23 No. /		
50M (B) 5-46 18712	22 The above corrections with reference to the statement on the back  Of South of Name of City or To  (City or Town)  Chapter 46, Section 13, this day of has been transmitted to the Secretary of the Commonwealth.	in accordance with the provisions of Gen. Laws,		

### DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts	
County of Worcester	
The undersigned, being duly sworn, depose and say that the record rel  Mary Garzola in the Town of South  (Give name of child exactly as recorded on the original record) (City or town) (Nam	
(Give name of child exactly as recorded on the original record) (City or town) (Nam does not fully and correctly state all the facts relating to said birth, and that the t	
omitted or incorrectly stated in said record has been supplied by him (Him or her) on the other side of this blank.	he form of certificate
SIGNATURE RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Sincerity & Gazzola Sears Rd., Southborough, Mas	ss. Father
Vitness to mark:	of Editor Th
Francis D. Can	analeme.
FURTHER, The evidence in a writing made at or near the time of birth sulthe affidavit was:	omitted to substantiate
Baptismal Certificate	
Date, March 9	1948
Then personally appeared before me the person whose signature appear	above and made oath
that the statements subscribed to by him are true.  Name John C. Balerie	
Official designation Town Clerk, assistant clerk	cor registrar)



St. anne's	
Southlero mass.	

Certificate of Paptism	
Church of	
St. anne's	
Southlears, mass.	
This is to Certify	
That mary Gazzola	
Child of Gazzala Vincenso and Pellinzari Seena	
Born in Southborn mass on the	
day of January 19/2 was Baptized	
on the 25 day of February 19/2.  According to the Rite of the Roman Catholic Church	
by the Rev. W. B. Fallan	
the Sponsors being Paulus Parzelli	
As appears from the Baptismal Register of this Church.	
Dated March 4, 1948  Rew Patrick & Long Pastor	
Talala la l	11

EGIDIO OTENTI 1/24/1912

FORM R-7 B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. A PERMANENT RECORD MARGIN RESERVED FOR BINDING THIS IS WRITE PLAINLY, WITH UNFADING BLACK INK-

50m-(b)-3-

	OFFICE OF	( 9210 100 TITELLE INDUCED OF BALLON MINE TO THE PROPERTY OF T
CONTRACTOR PROPERTY NA	The Target of the Control of the Con	LIVE or STILLBORN 6 Date of Birth January 24, 1912 (Month) (Day) (Year)
	FATHER FULL NAME Egidio Otenti	MAIDEN ROSA CELLA NAME PRESENT ROSA Otenti
m (m inf	RESIDENCE, NO. (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.	14 RESIDENCE, NO. (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.
2000	COLOR OR RACE White OR ADOPTION 46 (Years)	15 COLOR White AGE AT TIME OF BIRTH OR ADOPTION (Years)
2001 200	of BIRTH Parma, Italy (City or Town) (State or Country)	PLACE Parma, Italy (City or Town) (State or Country)
,	OCCUPATION Laborer (At time of birth or adoption)	OCCUPATION housewife (At time of birth or adoption)
	19 ATTENDANT AT BIRTH OR INFORMANT	(Name) (Physician, parent or other, etc.) ST., (City or Town)
	20 Original Return Received Jan. 25, 1912 (Month) (Day) (Year)	21 Original Record: Vol. Page No.
9-115/4	22 The above corrections with reference to the statement on the back  Town of Southborough  (City or Town) (Name of City or Town)	in accordance with the provisions of Gen. Laws

Chapter 46, Section 13, this 9th day of Novem has been transmitted to the Secretary of the Commonwealth.

copy of these corrections and affidavit

(Registrar)

marriage

of their

parents.

### DEPOSITION

### WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts	s.:	
County of Worcester	3	
Egidio Utenti, Jr.  (Give name of child exactly as recorded on the original	in the Town of Southboard record (City or town) (Name of	orough
	facts relating to said birth, and that the tru	
omitted or incorrectly stated in said record on the other side of this blank.	d has been supplied by him on the (Him or her)	e form of certificate
The state of the s	DECIDENCE	Relation to child, if any
Equatio Stentigr	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Meng & tenti	1035 Waverly It	
	Hamngham Mas	9/3 9/3 9/3 9/3 9/3
	y and the second	
	ing made at or near the time of birth subn	nitted to substantiate
the affidavit was: Baptismal	ceetificate	
(all help to him of the second	Date, November 9, 1959	
Then personally appeared before oath that the statements subscribed to by	40.	Burke
	Official designation Town (City or town clerk, as	lerk

Saint Anne's Church Boston Road Southborough, Massachusetts

7/00,3,1959 This welcertify that Soecha Otrate Born. Jan. 24, 1912 sonof. Eenclie Otrnti and Mosa Chrela wa Baptisted Feb. 12, 1912 The Shomors were Odul Otentis and. Qulia Otrnti . by 1617 MB Tallon or Cand Murphy

ERNEST SEALEY 3/27/19/2

JOHN	mealth of Massarhusetts  F. X. DAVOREN  Southborough  (City or Town making this return)
Southborough OF A RE  (City or Town) OF A RE  No. STREET	AND CORRECTION CORD OF BIRTH  WARD {(If birth occurred in a hospital or institution give its NAME instead of street and number
2 FULL NAME OF CHILD. Ernest W. Sealey  3 Sex M   4 (a) Twin, triplet or other	number of children born 6 Pate 0 0 15
3a Color W   If plural (b) Number, in order of birth alive pr	
FATHER FULL NAME William H. Sealey	MAIDEN Bertha Stanley PRESENT NAME
RESIDENCE, NO	residence, no
9 10  COLOR OR RACE	15   16   COLOR   OR RACE   AGE   (YEARS
PLACE Southboro, Mass.  (City or Town) (State or Country)	PLACE OF BIRTH P. E. Islands (City or Town) (State or Country)
occupation Automobile Driver	18 OCCUPATION
19 ATTENDANT AT BIRTH OR INFORMANT	Physician (Physician, parent or other, etc.)
ADDRESS NO.	Southborough, Mass. (City or Town)
20 Original Return Received June 20, 1912 (Month) (Day) (Year)	21 Original Record: Vol1844Page23No10
	this blank have been entered upon the birth records of the ough  City or Town)  19

erk(Registrar)

FORM

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

The undersigned, being duly sworn, depose and say that the record relating to the birth of William Sealey, Jr. in the Town of Southborough,

(city or town)

The Commonwealth of Massachusetts

County of ...... Worcester .....

(Give name of child exactly as recorded on the original record)

does not fully and correctly state. First Name Item(s)....., and that the true statement of facts omitted or incorrectly stated in said record has been supplied by...him on the form of certificate on the other side of this blank. (Him or her) Relation to child, if any RESIDENCE (City or town, street and number, if any) FURTHER. The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: School Record verifying first name, by Superintendent Schools. Notarized letter stating his efforts in obtaining a co of his Baptismal record. Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by..him.....are true. Date, January 17, 1975 Official designation ..... (City or town clerk, assistant clerk, or registrar)

and further, records of

basis for an of illegitimate

May 8 1974. Paul Berry Town Clerk South Bow ma Ernest Sealey 46 River St marlbon ma Dear Paul Thave Had this made out for two months and Can't understand whats been Keeping me from getting it to you what ever you can do about my name correction will be appreciated éhere is no rush de probably will never need it carrected But you never can tell. But you never truly

To whom it may concern:

I, Ernest W. Sealey, born in Southboro, Massachusetts, on March 27, 1912 and residing at 46 River Street, Marlboro, Mass. do state that I have made an effort to obtain a copy of my baptismal record from the Pilgrim Church in Southboro, Mass. Mrs. Marlene Joe, clerk of the Pilgrim Church told me that the Pilgrim Church does not keep records of baptismals. They do give certificates at baptismal time.

Sincerely,

State of Massachusetts County of Middlesex

Then personally appeared the above named and acknowledged the foregoing instrument to be his free act and deed.

Before Me: //

Notary Public

Ernest W Sealer

My commission expires December 17, 1976 E. W. (ERVIE) SEALEY
46 RIVER STREET
MARLBORO, MASS. 01752

The Public Schools of

ADMINISTRATIVE OFFICE

ALGONQUIN REGIONAL HIGH SCHOOL

BARTLETT STREET

NORTHBOROUGH, MASSACHUSETTS 01532

TELEPHONES 617 - 393-2478

617 - 485-0482

### NORTHBOROUGH - SOUTHBOROUGH

Massachusetts

HERBERT C. GEELE
SUPERINTENDENT OF SCHOOLS

RICHARD F. TIBERT BUSINESS MANAGER

February 21, 1974

To Whom It May Concern:

According to records on file in this office, one Ernest Sealey was registered in the Southboro Public School on September 2, 1919. Date of birth is given as March 27, 1912 and William Sealey is listed as parent.

Sincerely yours,

Herbert C. Geele,

Superintendent of Schools

HCG/evj

RECORDED

TOWN OF SOUTHBOROUGH

FFR 27 1974

TOWN CLERKS OFFICE

RECORDED

TOWN OF SOUTHBOROUGH

FEB 27 1974

TOWN CLERKS OFFICE

ALBERT BALDELLI 8/25/1912

of WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON—THIS IS A PERMANENT RECORD to this form This

adoption. return of births received prior to the last day for transmits of change of name of illegitimate persons by court decree or affidavit. for See reverse side returns

25M-4-59-925100

FORM R-7

		The Commonwealth of Massach
	Worcester	JOSEPH D. WARD SECRETARY OF THE COMMONWEALT
1	(County)	DIVISION OF VITAL STATISTIC
1	Southborough	AFFIDAVIT AND CORRECT
15	(City or Town)	OF A RECORD OF BIRT
12	No	STREETWARD

Chapter 46, Section 13, this 18thday of Julhas been transmitted to the Secretary of the Commonwealth.

The Commonwealth of Massachusetts JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

### AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City	or	Town	making	this	return)	

Registered	No.	 

Deposition No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

and a copy of these corrections and affidavit

(Registrar)

2 FULL NAME OF CHILD Albert Baldelli	
3 Sex 4 (a) Twin, triplet or other	of Birth August 25, 1912 (Month) (Day) (Year)
FATHER FULL NAME Joseph Baldelli	MAIDEN Victoria Travalieni PRESENT NAME
RESIDENCE, NO. (At time of birth or adoption) STREE CITY OR TOWN SouthboroughSTATE Mass.	(are time or birth or adoption)
COLOR White OR AGE AT TIME OF BIRTH OR ADOPTION(YEAR	color white AGE AT TIME OF BIRTH OR ADOPTION(YEARS)
OF BIRTH Taly (City or Town) (State or Country)	17 PLACE OF BIRTH
OCCUPATION Laborer (At time of birth or adoption)	OCCUPATION (At time of birth or adoption)
19 ATTENDANT AT BIRTH OR INFORMANT	(Name) (Physician, parent or other, etc.)
ADDRESS NO.	ST.,(City or Town)
20 Original Return Received August 29, 1912 (Month) (Day) (Year)	21 Original Record: VolPageNo
22 The above corrections with reference to the statement on the back  TOWN  (City or Town)  Of Southbook  (Name of Southbook)	of this blank have been entered upon the birth records of the Drough, in accordance with the provisions of Gen. Laws, of City or Town)

## **DEPOSITION**

the first and the second secon			
WRITE I FGIRI V	WITH DURARIE RIACK	INK OP LISE ADDDOVE	D BLACK TYPEWRITER RIBBON

· SS.:

The Commonwealth of Massachusetts

County of...

Worcester

The undersigned, being duly sworn	, depose and say that the record relati	ng to the birth of
Albert Bardella  (Give name of child exactly as recorded on the original does not fully and correctly state all the fa		city or town)
omitted or incorrectly stated in said record he on the other side of this blank.	nas been supplied byhim or her)	e form of certificate
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
ilbert Baldelle.	Pleasant Street, Southb	orough
the affidavit was:  Baptismal reco	ng made at or near the time of birth submi	
	Date,July 18, 1961	
Then personally appeared before me	the person whose signature appear ab	ove and made oath
that the statements subscribed to byhim	Name  Eleonora F. J  Official designation Town  (City or town clerk, assist	Ulerk

# 

(3)	ander en
	Certificate of Baptism
	Church of
	Farme
	Southborough, Mass
000	-S This is to Certify >-
	allest Balalialia
	That will against
	Child of Joseph Daldrell
	and Nitte Traverni
	born in(CITY) (STATE)
	on the 25 day of aug. (STATE)
אכוכוכונ	was Baptized.
	on the day of Grel 19/8
	According to the Rite of the Roman Catholic Church
CO	by the Refi. Do Boland.
	the Sponsors being Lauboring Valarda
	as appears from the Baptismal Register of this Church.
COCO	Dated Opr 10,161
100	Descripting
2	Plustor
0)	ଅଧାରଣ ଅଧାରଣ ଅଧାରଣ ଅଧାରଣ <mark>ହିନ୍ଦି । ଏହି ପ୍ରସେଶ ସ</mark> ଥି ପ୍ରସେଶ ପ୍ରସେଶ ପ୍ରସେଶ ପ୍ରସେଶ ପ୍ରସେଶ ପ୍ରସେଶ ପ୍ରସେଶ ପ୍ରସେଶ ପ୍ରସେଶ ଅଧାରଣ ଅଧାରଣ ଅଧ

86



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost.

# The Holy Sacrament of Baptism

This is to Certify

TI .	VIII & Ballo
That	weer presente
The Son	of Joseph Bardelli
The Daughter	1. Det Coyletion in Root
and	fraverne, Testa proverling
born in	on Jug 25 1912
	CITY
was Baptized	on April 7 19/8 in the Church of
Set	Quine , Southborough
	CITY
accordi	ng to the Rite of the Roman Catholic Church
by Rev	P. W. Boland
Sponsors wer	e a Barbadara
and	Luise Valarda
as reco	rded in the Baptismal Register of this church.
	1 l note
	John Wy hower Pastor
	Date Jug : 14, 1956
SEAL OF CHURCH	Dulo
Sy	rmbol—The fishes, or souls of the faithful, seek Baptism at font, then enter basket, or Church.
Form No. 56	® Benziger Brothers, Inc. Made in U.S.A.

® Benziger Brothers, Inc.

Form No. 56

PETER BERTONAZZI 1/22/1913

# Commonwealth of Massachusetts.

# DEPOSITION

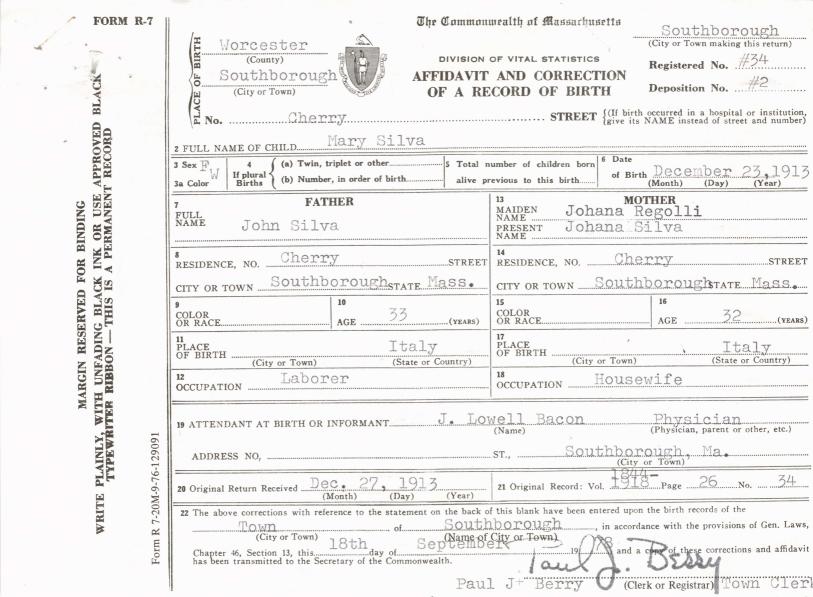
# CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT V	VITH INK.	ALL	NAMES	TO	BE	IN	FULL.)

(FILL OUT WITH INK. ALL	NAMES TO BE IN FULL.)	
The undersigned on oath depose		
of Lugi Smith in (Name of child.)	the town of South (Name	of city or town.)
does not fully and correctly state all the facts re	elating to said birth, and that	the following is a
true statement of facts omitted or incorrectly state	ted in said record:—	
Date of birth, January 27-1913 (John) 1.4.8.  Name of child Peter Grovani Bertonazzi	Name of father, Louis Ba	-tonazzi
Name of child Petar grovani Bertonazzi	Maiden name of mother, Louis	, Cashmetti
Sex, Mals	Residence of parents, (at time	e the birth occurred.
Color, Wh.	Occupation of father, (at tin	bent the birth occurred.)
Condition (twin, &c.),	Birthplace of father,	Taly
Place of birth, South Grouph	Birthplace of mother,	Haly
SIGNATURE. (Cit	RESIDENCE. y or town, street and number, if any.)	Relation to child, if any.
Louis Bertonaggi	South berough	Fa7464
Then personally appeared before me the personal	Date, famuary 3	u - 1925
Then personally appeared before me the personal visit is the personal visit in the personal visit in the personal visit is the personal visit in the personal visit in the personal visit is the personal visit in the personal visit in the personal visit is the personal visit in the perso	whose signature appear	above and made
oath that the statements subscribed to by		
	Cum L. Fair (City or town.)  Of Down be	obcute, Clerk.
Recorded Juny 30 -25	(OIL) OF TOWN.)	0
	Of Oon hoo	Mass.

MARY SILVA 12/23/1913



On file in this office is a signed statement by unobtainable marria Perosition Parents.

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts County of Worcester

**SIGNATURE** 

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mary Giovanina Catharina Silvia Town of Southborough (Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state. Last name, also Father's Last name & Mother's last name.

said record has been supplied by...her on the form of certificate on the other side of this blank. (Him or her)

RESIDENCE (City or town, street and number, if any) Relation to child, if any Mary Silva 41 Woodmere Road Framingham, Ma. FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate

the affidavit was: Certificate of Baptism on file in this office states full name correctly. Last name of Father & Maiden of Mother on brother's birth certificate (Primo Silva, who was born,

March 2, 1912) is as follows: John Silva & Then personally appeared before me the person whose signature appear above and made oath

that the statements subscribed to by ..... her ...... are true. Date, September 18,1978 Name Official designation ......

FOR BINDIN

nnot be the records of

Received and filed in the office of the townclerk on October 2, 1978 at 9:00 a.m. Pholuid Barry Brown Clerk Sept 28, 1978 Francingham Ma Jown Clerk Southboro, Ma. Wear Ser I hereby notify you were married in Staly and that their marriage certificate is not available. mary Silva 841 Woodmere Road Framingham the Ma.

Mary Francischem Etr Ma. suthbara.

Rec'd 9-28-78,

# THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

Clerk's Office:
The enclosed copy of an amended record is being returned to you for the following (See checked item below).
( ) Item #not completed.
<ul> <li>( ) A copy of the original record cannot be located. Please forward a duplicate and also return the corrected copy.</li> </ul>
( ) It does not show what written evidence was submitted to support the statement of the deponent.
( ) To amend a surname or information regarding parent(s) a marriage record of the parents must be submitted.
The items checked below show information which differs from that appearing on the enclosed copy of the record and our copy of the original record for which no evidence has been submitted. Please check and advise.
( ) Given Name (s)
( ) Surname
( ) Date of Birth
( ) Father's Given Name
( ) Father's Birthplace
( ) Mother's (first) (maiden) Name
() Mother's Birthplace  To make the submitted evidence accep  Other able, the deponent will have to sign a statement that his parents were married in a foreign country and that a copy of their marriage record is unobtainable. This method is according to the instruction given in the February, 1970 issue of the Public Recorder.  If the parents were married in the U.S., then their marriage record will be necessary.
HERBERT E. RISSER, JR. REGISTRAR OF VITAL RECORDS AND STATISTICS
BY: John Aldan
1 Statement

mailed Corrected Statement monday - OCX. 2, 1978.

-	<del>*************************************</del>
	<b>Certificate of Baptism</b>
,	
	CHURCH OF
	It flure
	- Southlow, Mass.
	* This is to Certify * That Silva
	Child of John Silva
	and Johanna Riggolini
	born in Pohona Regalli
	on the 15 day of December 1913
	* Was Baptized *
	on the day of
	According to the Rite of the Roman Catholic Church
	by the Rev. P. H. Boland
	the Sponsors being law Sylva
	and Maril Seasas appears
	from the Baptismal Register of this Church.
	Dated august 15 1978
	Jonnelius of Steam Pastor.

SAMUEL SANCHIONI 8/21/1914 See reverse side for

Worcester (County) Southborough (City or Town)

Chapter 46, Section 13, this. Lothlay of Janu has been transmitted to the Secretary of the Commonwealth.

The Commonwealth of Massachusetts JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

### AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Southborough

(City or Town making this return)

Registered No.

Deposition No. ....

nd a copy of these corrections and affidavit

(Registrar)

Sex M 4 (a) Twin, triplet or other	
FATHER FULL NAME Gusippi Sanchioni	MOTHER  MAIDEN Lucy Carboni  PRESENT Lucy Sanchioni
RESIDENCE, NO. STREET CITY OR TOWN STATE	residence, noStreet city or townSouthville _state Mass.
COLOR DR RACE AGE 34 (YEARS)	15 COLOR OR RACE AGE 30 (YEARS)
PLACE Italy OF BIRTH (City or Town) (State or Country)	PLACE OF BIRTH (City or Town) (State or Country)
occupation Laborer	OCCUPATION Housekeeper
	M.D. Physician (Name) (Physician, parent or other, etc.)
ADDRESS NO.	ST., Ashland, Mass. (City or Town)
20 Original Return Received Alight 24, 1914 (Month) (Day) (Very)	21 Original Record: Vol. 1918 Page 27 No. 18

ALL ADDITIONS AND CORRECTIONS	MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)
WRITE LEGIBLY WITH DURABLE	BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON
he Commonwealth of Massachusetts	
ounty of Worcester	SS.:
	sworn, depose and say that the record relating to the birth

First Name does not fully and correctly state..... Item(s)...., and that the true statement of facts omitted or incorrectly stated in

said record has been supplied by...h.i.m. on the form of certificate on the other side of this blank. (Him or her)

SIGNATURE	(City or town, street and number, if any)
Samuel Leo Sanchioni	22 Atwood Road, Southborough

FURTHER. The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Certificate

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true. Name

Official designation ....

(City or town clerk, assistant clerk, or registrar)

Relation to child, if any



·	SAMUEL SANCHIONI		
child of	Joseph Sanchioni	a	nd
	Lucia Carboni		
born on	August 21, 1914		
place			
child of E	god at the Sacred	d font of Baptism	
child of $\epsilon$	god at the Sacred	d font of Baptism	
	Sept. 19, 1915		in
on		urch	in
child of E on 20 Boston Rd.	Sept. 19, 1915		in
on	Sept. 19, 1915 St. Anne's Chu	urch	in
on20 Boston Rd.	Sept. 19, 1915 St. Anne's Chu	orch Southboro, Mass. 017	in
on 20 Boston Rd. by the Reverend _	Sept. 19, 1915 St. Anne's Chu P. H. Boland	orch Southboro, Mass. 017	in
on  20 Boston Rd.  by the Reverend _  Godfather  Godmother	Sept. 19, 1915  St. Anne's Chu  P. H. Boland  Marietta and Vince	orch Southboro, Mass. 017	in

Conception Abbey Press, Conception, Missouri

ANNA MAGUIRE 1/24/1915

# Commonwealth of Massachusetts.

No. 4##1

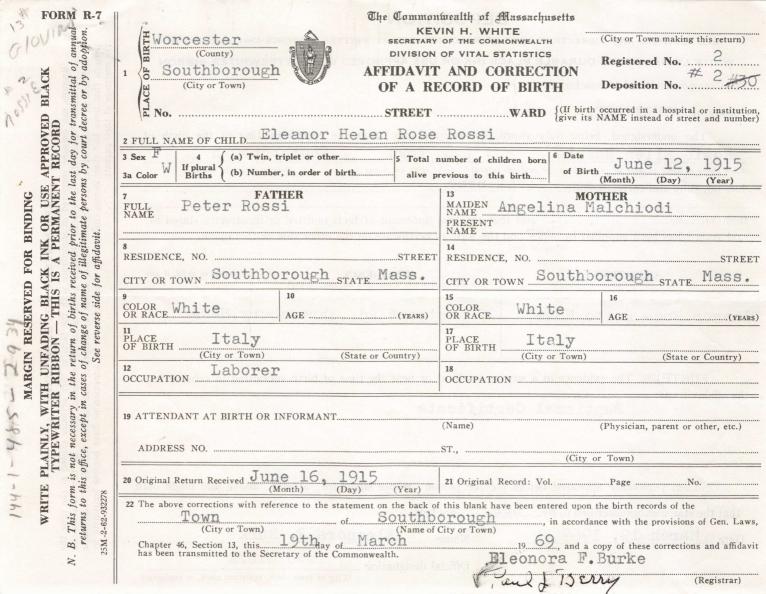
## DEPOSITION

### CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)					
The undersigned on oath depos	se and say that the record re	elating to the birth			
of anna Margaret Maguire in	the Guy of Son Th 6 (City or town.) (Name	of city or town.)			
does not fully and correctly state all the facts r	elating to said birth, and that	the following is a			
true statement of facts omitted or incorrectly sta	ated in said record:—				
Date of birth, January 24-1915	Name of father, John 7	magnir			
Name of child, anna Margaret Magin	Maiden name of mother, Ma	y Dhechay			
Sex, Ja maly	Residence of parents, Jun 7				
Color, Whit:	Occupation of father, State (at time	us Let			
Condition (twin, &c.),	Birthplace of father, Man	Change			
Place of birth, Don'th Gerough	Birthplace of mother, Ma	olborny 4			
SIGNATURE. (CI	RESIDENCE.	Relation to child, if any.			
Mary Magnire	Don'th berough	mosty			
J. J	0.1				
	0 / (				
Date, July 5-1932					
Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by are true.					
	Cia A. Farso	Culs Clerk			
Recorded July 8-1931	Of Low, it burn	Mass.			
		U			

ELEANOR ROSSI 6/12/1915



WRITE LEGIBLY WITH DURABLE BL	ACK INK OR USE	APPROVED	BLACK	TYPEW
he Commonwealth of Maccachucatte	The second secon			

County of Worcester

The undersigned, being duly sworn, depose and say that the record relating to the birth of Rosie Ellen Rossie in the Town of Southborough

(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town) does not fully and correctly state. first name

Item(s)......2, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Eleanor Rose Rosso Howe	27 Westmont Rd., Shrewsbur	y,Mass.
vindi	Y ACY	fati 30A

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Certificate

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Date, March 19, 1969 Name Eleonora F. Burke

Official designation (City or town clerk, assistant clerk, or registrar)

the time the

FORM R-7 transmittal of annual adoption This

RESERVED FOR BINDING

MARGIN

B

			The Commonwealth of	Massachi
	T Hamanatan	A	JOSEPH D. V	
-	E Worcester	Partition 2	SECRETARY OF THE CO	MMONWEALT
-	(County)		DIVISION OF VITAL	STATISTIC
<	Southborough		AFFIDAVIT AND	CORRECT
	பு (City or Town)	The state of the s	OF A RECORD	OF BIRT
1	AC			
1	□ No		STREET	WARD

The Commonwealth of Massachusetts

### AFFIDAVIT AND CORRECTION A RECORD OF BIRTH

(City or	Town mak	ing this return)
Regist	ered No.	2

Deposition	No.	2

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

z FULL N	AME OF C	HILD Eleanor	Helen	Rose	Rossi					
Sex F	4 If plural	(a) Twin, triplet or other. (b) Number, in order of b		Born ALIVE	or STILLBORN	6 Date	June	12,	1915	
3a Color	N Births	(b) Number, in order of b.				0. 2	(Month)	(Day)	(Year)	••••

7 FATHER FULL Peter Ross	MAIDEN Angel NAME Angel PRESENT NAME	MOT ina l	HER Malchiodi	
RESIDENCE, NO. (At time of birth or CITY OR TOWN Southbord			ime of bir	th or adoption)
	E AT TIME OF BIRTH ADOPTION(YEARS)	COLOR White		AGE AT TIME OF BIRTH OR ADOPTION(YEARS
PLACE Italy		17 PLACE	Ita	ly

OF BIRTH	(City or Town)	(State or Country)	OF BIRTH	(City or Town)	(State or Country
12 OCCUPATION	Laborer (At time of b	irth or adoption)	18 OCCUPATION		birth or adoption)
19 ATTENDAN	T AT BIRTH OR INFOR	MANT		1 255	en developite va

19 ATTENDANT AT BIRTH OR INFORMANT	(Name)	(Physician, parent or other, etc.
	(Name)	(Thysician, parent of other, etc.
ADDRESS NO.	ST.,	(City or Town)

Original Return Received June 16, 1915	21 Original Record: VolPageNo

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Southborough .... in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town)

March Chapter 46, Section 13, this... has been transmitted to the Secretary of the Commonwealth.

and a copy of these corrections and affidavit

(Registrar)

### **DEPOSITION**

WRITE LEGIBLY	WITH DURABLE BLAC	CK INK OR USE APPROVED BLA	CK TYPEWF	RITER RIBBON
The Commonwealth o	f Massachusetts	· · · · · · · · · · · · · · · · · · ·		
County of Worce	ester	· ·		
The undersign	ned, being duly sworr	n, depose and say that the re	cord relating	g to the birth of
Rosie Ell	en Rossie	record) (city or town) acts relating to said birth, and the	(Name of c	ough
		has been supplied byher		
on the other side of th	is blank.			
SIGN	ATURE	RESIDENCE (City or town, street and number,	if any)	Relation to child, if any
Eleanor!	Pose Rosso H	ave 27 Westment B		burg Mass
				J
	√, 1 8 7			
FURTHER,	The evidence in a wri	ting made at or near the time of		
the affidavit was:	Baptismal C	ertificate		
		Date, March 19, 19		
Then persona	ally appeared before m	ne the person whose signature	appear abo	ove and made oath
that the statements s	ubscribed to by <b>h⊕r</b> .	Name Lleaux	a >	Burke
		Official designation	own Clerk, assis	rk tant clerk, or registrar)

(Co	ertificate of Baptism
	Church of
	It Clane
	Joulahors, Mass
	This is to Certify 2
Tha	t Cleaner Helen Kanellorse
Chil	n of Celes Rossi
and	augulina mitchell Maldiros
borr	in traville Mass
on :	102/
was	Baptized
on :	the 26 h day of December 19/3
A	ccording to the Rite of the Roman Catholic Church
by t	he Ret. P. A Bolash
the	Sponsors being Squace Fanola, Madeline Rosse
as :	appears from the Baptismal Register of this Church.
Dat	red Raul 20 1968
	Manal Scilers
	Pasto

### THE COMMONWEALTH OF MASSACHUSETTS JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH

Clerk's Office:	
The enclosed copy of a record is being returned to you for the following reason:	
A copy of the original record cannot be located. Please forward a duplicate and also return the corrected copy.	
It does not show what written evidence was submitted to support the statement of the deponent.	
In cases of correction of surnames, the written evidence to be submitted in order of preference must be (1) Marriag record of parents, (2) Birth record of father or (3) Copy port of entry record, if foreign born.	ge o:
To amend information regarding parent(s) either the marria record or birth record relating to the one about whom in- formation is being amended must be submitted.	age
The items checked below show information which differs from that appearing on the enclosed copy of the record and our copy of the original record for which no evidence has been submitted to make the change. Please check and advise.	е
Item No. Items as they appear on record on file in this office.	
2. Given Name	
2. Middle Name	
2. Surname ROSSIE	
6. Date of Birth	
7. Father's given Name	
ll. Father's birthplace	
Mother's Maiden Name G/OVINI MILCIODI	
17. Mother's birthplace	

Other

Edward C. Kloza

State Registrar of Vital Statistics

HENRY BORELLI 6/27/1915

PERMANENT RECORD  Solve transmittal of annual Secont decree or by adoption, 13	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS  AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH  NO.  STREET. WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)  Henry Borelli					
			LIVE or STILLBORN 6 Date of Bir	th June 27, 1915 (Month) (Day) (Year)		
ESEKVED FOR BINDING  BLACK INK—THIS IS A births received prior to the last e of name of illegitimate persons verse side for affidavit.	7 FATHER FULL NAME Jim Borelli		MAIDEN ROSE NAME PRESENT NAME	OTHER Fazzi Borelli		
	RESIDENCE, NO.  (At time of birth or adoption)  CITY OR TOWN  SOUTH DOTOUGH MASS.		CITY OR TOWN CAt time of birth or adoption Mass			
	color white of BIRTH or ADOPTION (Year		COLOR White	AGE AT TIME OF BIRTH OR ADOPTION (Years)		
NG of of re	Italy OP BIRTH (City or Town) (State or Co	ountry)	17 PLACE OF BIRTH (City or Town	Italy (State or Country)		
MAKGIN UNFADI the return cases of cha	12	OCCUPATION	nousewife			
AINLY, WITH not necessary in office, except in	19 ATTENDANT AT BIRTH OR INFORMANT ROy S. Morse, .M.SD.  (Name) (Physician, parent or other, etc.)  Ashland, Mass.  (City or Town)					
	20 Original Return Received July 1, 1915 (Month) (Day) (Year) 21 Original Record: Vol. 3 Page 29 No.					
WRITE PI N. B. This form is returns to this	22 The above corrections with reference to the statement on South (City or Town)  Chapter 46, Section 13, this day of has been transmitted to the Secretary of the Commonwea	City of To	own), in accord	ance with the provisions of Gen. Laws,  Oppy of these ogreculous and affidavit  (Registrar)		

WRITE PLAINLY, WITH UNFADING BLACK INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

### **DEPOSITION**

### WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts County of Worcester	$\left\{ s\right\} ss.:$	
The undersigned, being duly Andrew Borell	sworn, depose and say that the record rel  Town  original record)  Town  (City or town)  (Nam	ating to the birth of
does not fully and correctly state all	the facts relating to said birth, and that the t	true statement of facts
on the other side of this blank.	record has been supplied byon t	the form of certificate
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
y Rose Boull		mother
Pamalo		
		***************************************
the affidavit was.	writing made at or near the time of birth sul	bmitted to substantiate
	Date, July 28, 1952	
Then personally appeared bef	fore me the person whose signature appe	ear above and made
oath that the statements subscribed to	Name July Angle	en
	Official designation(City or town clerk,	Town Clerk assistant clerk, or registrar)

# $\mathcal{K}_{\mathcal{S}}$ de la companie del la companie de la ficate of

Church of
Saint anne
Southborough, Mass
-E This is to Certify >-
That Henry Borelli
Child of Venanzio Borelli
and Rose Tazi
born in Southborough Mass.  (CITY) (STATE)
on the 27th day of June 1915
was Baptized
on the 26th day of November 1916
According to the Rite of the Roman Catholic Church
by the Refi. a. H. Boland
the Sponsors being John Lazalli Dominica Berri
as appears from the Baptismal Register of this Church.
Dated July 28, 1952
Thomas Markey.

# **Notations**

FIRST COMMUNION	ChurchPlace
CONFIRMATION	ChurchPlace
MARRIAGE(S)	ChurchPlace
SUBDIACONATE	ChurchPlace
RELIGIOUS PROFESSION	OrderPlace

GENA DRAGOMANI 9/4/1915 FORM R-7 annual adoption PLAINLY, WITH UNFAD TYPEWRITER RIBBON 3. This form is not necessar returns to this office, except

for affidavit

side

The Commonwealth of Massachusetts JOSEPH D. WARD (City or Town making this return) OF THE COMMONWEALTH (County) Registered No. ..... Deposition No. ..... A RECORD OF BIRTH (City or Town) Gena Dragomani 5 Born ALIVE or STILLBORN (a) Twin, triplet or other..... 3 Sex of Birth Sept. If plural (b) Number, in order of birth..... 3a Color Births (Month) (Day) (Year) 13 MOTHER **FATHER** MAIDEN Maria Delprete FULL NAME NAME ..... Maria Dragomani Eudagio Dragomani PRESENT NAME ..... Paeasant Pleasant RESIDENCE, NO. RESIDENCE, NO. (At time of birth or adoption) (At time of birth or adoption) Southborough CITY OR TOWN Southborough STATE 15 AGE AT TIME OF BIRTH AGE AT TIME OF BIRTH COLOR COLOR OR RACE.... OR ADOPTION .... OR ADOPTION .......(YEARS) OR RACE. PLACE Ttalv PLACE Italy OF BIRTH ..... OF BIRTH ..... (State or Country) (City or Town) (State or Country) (City or Town) Housewife Laborer OCCUPATION ..... (At time of birth or adoption) (At time of birth or adoption) Lowell Bacon 19 ATTENDANT AT BIRTH OR INFORMANT..... (Physician, parent or other, etc.) (Name) Southborough ADDRESS NO. ......ST., ..... (City or Town) 20 Original Return Received ... Sept. 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town of Southborough Southborough in accordance with the provisions of Gen. Laws, 59-(Name of City or Town) (City or Town) October and a copy of these corrections and affidavit (Registrar)

### **DEPOSITION**

WRITE LEGIBLY WITH DURABLE BLA	ACK INK OR USE APPROVED BLACK TY	PEWRITER RIBBON
he Commonwealth of Massachusetts ounty of Worcester	SS.:	
Gena Dragomani ve name of child exactly as recorded on the origina	rn, depose and say that the record r  in the Town of South (city or town) (Na facts relating to said birth, and that the	borough me of city or town)
nitted or incorrectly stated in said record the other side of this blank.	has been supplied by her (Him or her)	n the form of certificate
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
ne affidavit was:	iting made at or near the time of birth so	ubmitted to substantiate
	Date, October 19,	1960
Then personally appeared before n	me the person whose signature appear	above and made oath
hat the statements subscribed to byhe	rare true	2 ,
	Name The T	- Durke

$\mathbb{R}^{p}$ proposition proposition $\mathbb{R}^{p}$ proposition $\mathbb{R}^{p}$	3
Certificate of Baptism	
Church of	SSS
Southboro, Mass.	SOCIO
-E This is to Certify >-	SCICO OF
That Lyna Oragoman !	
Child of Outlagic Dracomani	
and Maria Delpratt	
born in	SCICICION .
was Baptized	SCICIO
on the 9 day of Muly 19/6	SCICIO
According to the Rite of the Roman Catholic Church	200
by the Refi. Notcend	COC
the Sponsors being Cours Bertonasgi Co	XCICICICIC
as appears from the Baptismal Register of this Church.	
Bated DE/07241960	
Drum Murkhus	CICIC
Pastor 2	2
พ. <i>กา</i> ยถอยคุยคุยคุยคุยคุยคุยคุยคุยคุยคุยคุยคุยคุย	34

FLORENCE ROSSI 9/21/1916

FORM R-7 PERMANENT RECORD MARGIN RESERVED FOR BINDING -THIS IS UNFADING BLACK INK-WRITE PLAINLY, WITH

3. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit. 50m-(b)-3-43-11574 N.B.

The state of the s	TON WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)
	ALIVE or STILLBORN 6 Data
0.0   74 -11	Alive of Stillborn 6 Date of Birth Sept. 21 1916 (Month) (Day) (Year)
FATHER FULL NAME Peter Rossi	MAIDEN Angelina Mitchell PRESENT Angelina Rossi
RESIDENCE, NO. Cherry STRE (At time of birth or adoption)  CITY OR TOWN Southborough STATE Mass.	et RESIDENCE, NO. Cherry STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mess.
COLOR White OR ADOPTION 45 (Year	color or RACE White or BIRTH or ADOPTION 39 (Years)
PLACE OF BIRTH (City or Town) (State or Country)	17 PLACE OF BIRTH (City or Town) (State or Country)
OCCUPATION Laborer (At time of birth or adoption)	OCCUPATION HOUSEWife (At time of birth or adoption)
ADDRESS NO. Latisquama	Physician (Name) (Physician, parent or other, etc.)  ST., Southborough, Mass. (City or Town)
20 Original Return Received Sept. 22 1916	21 Original Record: Vol. 3 Page 3/ No. 22

in accordance with the provisions of Gen. Laws,

Southborough (Name of City or Town) (City or Town) Chapter 46, Section 13, this 23rd day of October has been transmitted to the Secretary of the Commonwealth.

and a copy) of these corregtions and affidavit (Registrar)

### **DEPOSITION**

### WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts	SS.:	
County of Worsester	1000000	
The undersigned, being duly swo	orn, depose and say that the record rela-	ting to the birth of
(Give name of child exactly as recorded on the origi	in the Town of Southbound record) (City or town) of Name facts relating to said birth, and that the true	of city or town)
omitted or incorrectly stated in said record on the other side of this blank.	rd has been supplied by her on th	e form of certificate
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
x angelina 430s.	Cherry St. Southborough	Mother
The state of the s		
the affidavit was:	iting made at or near the time of birth subs	mitted to substantiate
allo consta, deservi	Date, October 23.	1947
Then personally appeared before	e me the person whose signature appear	ar above and made
oath that the statements subscribed to b	y her are true.  Name John J. Rabe	
	Official designation Town Cle	erk ssistant clerk, or registrar)

# Certificate of Baptism



# This is to Certify

Certificate of Baptism	MAN	
Cerritare or Sahriam		
♦	NO TO TO	
역 <b>는</b>		
	MAN	
	MINI	
Church of	MIN	
St. anne	MAN	
Southboro mass		
	DIVIDI	
This is to Certify		
That Florence Rossi	MAN	
	MINIO	
Child of Peter Rossi	DiDi	
and Angelina mitchell	CIC	
Born in Auguille mass on the		
21 day of Left 1916 was Baptized	COLO	
on the 7 day of April 1918	U U	
According to the Rite of the Roman Catholic Church		
	TO TO	
by the Rev P. H. Boland		
the Sponsors being Paul Oteuti		
and maria I rioli	STORING STORING	
As appears from the Baptismal Register of this Church.		
	CUIC	
Dated Sept. 13, 1947	Ollo	
Rev. Patrick E. Rong Pastor	ONO	
	MICHO	
	5	



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost.

Matt. 28-19

### The Holy Sacrament of Baptism

That Harene House
The Son
The Daughter of Peter Rose
and Augelina Moteball
born in on April 19/6

CITY

was Baptized on April 7 19/8 in the Church of Arthorous CITY

according to the Rite of the Roman Catholic Church
by Rev. A Boland
Sponsors were Real Otenti
as recorded in the Baptismal Register of this church.

Seal Of CHURCH

Symbol—The fishes, or souls of the faithful, seek Baptism at

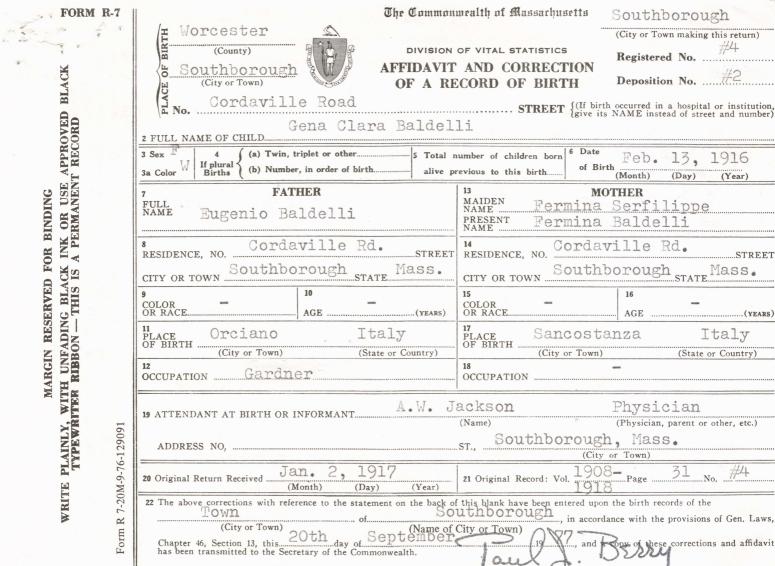
font, then enter basket, or Church.

® Benziger Brothers, Inc.

Made in U.S.A.

Form No. 56

GENA BALDELLI 2/13/1916



Paul J. Berry (Clerk or Registrar) Town Cler

BINDING

quired, cannot be the adoption, records of

### DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts County of Worcester

The undersigned, being duly sworn, depose and say that the record relating to the birth of ....in the Town of Southb Southborough (Give name of child exactly as recorded on the original record) (city or town) does not fully and correctly state. Spelling of first & last name. first & last name is incorrect. Item(s) 2 & 7 and that the true statement of facts omitted or incorrectly stated in

said record has been supplied by her....on the form of certificate on the other side of this blank. (Him or her)

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Gena Clara Baldelli	178 Cordaville Road	Self
***************************************	Southborough, Ma.	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Name

Full name on Baptismal Certificate is Gena Clara Baldelli

First & last name of father on brother's birth (Henry Dominic Baldelli) who was born on October 20, 1914 is spelled Eugenio Baldelli. Notarized statement on the unavailability of parents marriage record on filthen personally appeared before me the person whose signature appear above and made oath

September 20, 1977

(City or town clerk, assistant clerk, or registrar)

Official designation



# Baptismal Certificate

	Gena Clara Baldelli	
child of	Eugenio Baldelli	and
	Fermina Serfilippe	
born on	February 13, 1916	
place		
	of water and the Jod at the Sacred fo	• •
on_	St. Anne's Church	tn
20 Boston Rd.		outhboro, Mass. 01772
by the Reverend _	P. Boland	
Godfather	Gaetano Pensalfini	
Godmother	Madielena Rossi	
issued by K	lip Santonoc	e Sate Sept. 20, 197

### COMMONWEALTH OF MASSACHUSETTS

Worcester, ss.

February 23, 1978

Before me, the undersigned authority, on this day personally appeared Gena Clara Baldelli Monfalcone of Southborough, Massachusetts, to me personally known and being duly sworn declares and says that

- 1. Birth records of the Town of Southborough incorrectly give the proper names of her parents and also her name;
- 2. She was born on February 13, 1916 and her proper name should be Gena Clara Baldelli;
- 3. Her father's name was Eugenio Baldelli and her mother's maiden name was Fermina Serfilippi;
- 4. Her parents were married on November 16, 1912 and believed to have been married in the state of New York;
- 5. In order to produce evidence of the marriage and to correct above errors, she has made inquiries and requested a search of the marriage records from the proper agencies of New York City, the Bronx, Staten Island and Albany.
- 6. All the above offices reported that there were no available records;
- 7. She is unable to locate a record of the marriage and does not have any further evidence in her possession.

Gena Clara Baldelli Monfalcone
Gena Clara Baldelli Monfalcone

Subscribed and sworn to this 23rd day of February, 1978

Before me

Eleonora F. Burke, Notary Public

My commission expires May 26, 1978



# OFFICE OF THE TOWN CLERK

SOUTHBOROUGH, MASSACHUSETTS 01772 485-2934

ebruary 27, 1978

Commonwealth of Massachusetts
Department of Public Health
Registry of Vital Records and Statistics
Room 107 McCormack Building
Boston, Ma. 02108

Dear Mr. Polan:

Enclosed are the following; "Affidavit and correction of a record of Birth", Gena 31 of Daldelli, born Feb. 13, 1916, also, a certified copy of a sworn statement on file in this office by Gena Clara (Baldelli) Honfalcone, on the unavailability of her parents Marriage record.

The statement was requested by you for additional evidence.

Yours truly,

Paul J. Berry Town Clerk

PJB/ccm Encl's

ANNIE GENNARI 3/10/1916 Form R-7

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.

С	1. LOUNTY  WORCESTER  1. LOUNTY  IB. CITY/TOWN  SOUTHBOROUGH  The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH	2A. CITY/TOWN MAKING RETURN SOUTHBOROUGH  2B. REGISTERED NUMBER  2C. DEPOSITION NUMBER
1	1C. FACILITY NAME—IF NOT IN FACILITY, NUMBER AND STREET	#3A
L	NAME: 3A. FIRST 3B. MIDDLE ANN I E.	3C. LAST GENNARI
D	(Specify Single Twin etc.) Specify Order: First Second etc.)	arch 10, 1916
M	NAME: 7A. FIRST 7B. MIDDLE 7C. LAST  MODESTA GENNARI	7D. MAIDEN/BIRTH SURNAME GRILLI
H	Bettola (Piacenza)  Bettola (Piacenza)  Bettola (Piacenza)  Bettola (Piacenza)	10. AGE/DATE OF BIRTH
R		E. ZIP CODE 12. COLOR / RACE
F A T	NAME: 13A. FIRST 13B. MIDDLE 13C. LAST Gennari	14. COLOR / RACE
HER	BIRTHPLACE 15A. CITY/TOWN 15B. STATE/COUNTRY 16. OCCUPATION  Lugagnano Val d'Arda (Piacenza) Italy  Laborer	17. AGE/DATE OF BIRTH
CER	A POINTAINE SECTION OF THE SECTION O	RN MIDWIFE OTHER
T	A.W. Jackson, M.D.	19A. LICENSE NUMBER
ER	20A. NO. & STREET  20B. CITY/TOWN  Southborough  Mass.	20D. ZIP CODE
С	21. DATE OF ORIGINAL RECORDING: January 2, 1917 22. ORIGINAL RECORD: Vol. 1844 Page 31 No. 7	NLY
E	24. The above corrections with reference to the statement on the reverse of this form have been enter City/Town of in accordance with the provi	sions of General Laws, Ch. 46, on
R	June 15, 1994 and an attested copy of this form sent to the Commissioner of Public Health (Month, Day, Year)	on June 15, 1994 (Month, Day, Year)

### AFFIDAVIT

PRINT LEGIL '' OR

TYPE WITH

PERMANENT BLACK INK.

# ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (M.G.L. CHAP. 46)

THE UNDERSIGNED, being duly to the birth of ANNIE GENA	VK T		born in	the record relating the city or town of	THIS IS A PERMANENT
(Give name of c	hild exactly as recorded	d on the origina	l record)	the dity of town of	RECORD.
Last name	does	not fully and	d/or correctly state	data regarding the	
(i.e., name, age, race, etc.)	of X Child,	Mother Mother	, X Father,	Certifier,	
HIBIS NO ADDITION OF THE PERSON OF THE PERSO			Other Parents	place of birth.	
DEPONENT NAME	RESIDENCE		RELATION TO	CHILD/TITLE	
Annie Bucchino	13 Centra MARLBOR	L-St.	SELF	A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3	
	MARLBOR	TASS			
ABHIO III - KAYOM III IN FIL.			Mexica	The factor of the same of the	
FURTHER, the written evidence m	nade at or near the time	e of the birth s	ubmitted to substar	tiate the affidavit was:	
Attested copy of Certific	icate of Baptism	of Annie	Cennari		
Accested copy of Marriag	ge record of Fat	her. Luioi	Gennari and	Mother M-1-	
				Modesta G	rilli, stating
Attested copy of Mother	and Fathers bir	th certifi	cates		
THEN personally appeared before	re me the person(s) w	hose signatur	e(s) appear(s) abov	e and made oath that	
the statements subscribed are t	rue.	The state of the s			
Date: June 15, 1994 (Month, Day, Year)		Cenn	& Buch	chino	
(Month, Day, Year)	The second secon		110		
	Official Desigination: _	Jan	2 Berry		
1202.000		(City or town	clerk, assistant clerk	, registrar, or notary)	
		PAUL	J. BERRY, TOWN	N CLERK	

# $K_{\rm S}$ $M_{\rm S}$ $M_{\rm$

	tificate of	i Marining
	Church	of
	St An	ne
	SOUTHBOX	20 MA
	-E This is to	Tertify >-
That	ANNIE GO	ENNARI
Child of _	LUIGI 6	ENNARI
and	MODESTA	GRILLI
born in	FAYVILLE	MA (STATE)
	1th day of	
was	Baptiz	eed
on the	day of	April 19
Accordin	g to the Rite of the	Roman Catholic Chur
by the Res	i. P. H. B	OLAND
the Spons	ors being CL	ARA ZUCCH IENIC BERR
as appears	from the Baptismal	Register of this Chu
Pated J	UNIE 6, 1994	1 7200

# Baptismal Certificate

CHURCH OF
St Anne
Southboro
Name Annie Genari
Child of Sous Generi
and modestis Genari
Born Mar 9 1916
was Baptized tpiel
According to the Rite of the Roman Catholic Church
By Rev. P. H. Boland
Sponsors Dominic Bersi
( Domenic Bersi
As appears from the Baptismal Register of this Church.
Dated 9-01 16 1941
25 R. Brophy
NO. 508, F. J. R. CO., N. F This second was not good
+0 0 . 0 A TO TO

COMUNE	DI	MORFASSO	
	PROVINCIA DI	PIACENZA	

## CERTIFICATO DI MATRIMONIO

Il sottoscritto Ufficiale dello Stato Civile
CERTIFICA
che dal registro degli atti di matrimonio dell'anno mille novecento-
al N. 1 Parte = Serie = risulta che nel giorno NOVE  del mese di GENNAIO mille NOVECENTO-
DIECI  1) GENNARI LUIGI
nato in Lugagnano i/ di anni quarantuno  2) GRILLI MODESTA
nata in Bettola id di anni trentadue hanno contratto matrimonio in MORFASSO.
Il presente certificato si rilascia in carta libera per uso assistenza.
li 30 marzo 19 93

L' Ufficiale dello Stato Civile





Mollie pholie

(Cat. 87 -	A	IJ
------------	---	----

N		 cartifica

Comune	di	Lugagnano	Val	d'Arda
--------	----	-----------	-----	--------

Provincia di Piacenza

# CERTIFICATO DI NASCITA

Il sottoscritto, Ufficiale dello Stato Civile, Certifica che dal
Registro degli atti di nascita di questo Comune, dell'anno mille ottocente seasantotto
al N. 162 Parte = Serie = Volume Unico
risulta che: GENNARI LUIGI
è nat o nel giorno Ventinove
del mese di Luglio dell'anno Milleottocento-
sessantotto in
Lugagnano Val d'Arda
Il presente certificato si rilascia in carta libera per uso amm.vo
11 - 2 APR. 1993 19
L'Ufficiale dello Stato Civile

COMUNEDIBETTOLA



PROVINCIA DI PIACENZA

# CERTIFICATO DI NASCIT

Il sottoscritto Ufficiale dello Stato Civile, certifica che dal Registro
degli <b>Atti di Nascita</b> di questo Comune dell'anno (1 <u>877</u> ) al N. <u>72</u> Parte Serie risulta che
GRILLI MODESTA
è nato nel giorno TREDICI
del mese di MAGGIO dell'anno mille OTTOCENTOSETTANTASETTE
(1 877)
in BETTOLA (Piacenza)
figlia di Giacomo e Ferrari Giovanna
Il presente si rilascia in carta libera per gli usi consentiti dalla legge
BETTOLA, n 30 marzo 1993
L'Ufficiale dello Stato Civile

Tip. Baldini - Bettola - Tel. 917.724

Mass.

STATE.

Southberough

RESIDENCE, NO.

STREET

Favville

CITY OR TOWN

Mass.

STATE.

Southborough

S N

RESIDENCE,

 $\mathbf{V}$ 

INK

SI SIHL

WARCIN RESERVED FOR BINDING

Fayville

CITY OR TOWN

Modesta Genari Modesta Grilli

PRESENT NAME ......

MAIDEN NAME

.. (YEARS)

AGE

91

Italy (State or Country)

Cenoa (City or Town)

17 PLACE OF BIRTH

Laly (State or Country)

COLOR OR RACE...

.. (YEARS)

AGE

10

etc.)

Physician, parent or other,

Jackson, M.D.

A. W.

ATTENDANT AT BIRTH OR INFORMANT.

19

LABEARILEH

OCCUPATION

Laborer

OCCUPATION

12

KIBBON

(City or Town)

Genoa

11 PLACE OF BIRTH

COLOR OR RACE..

STREET

STREET {(If birth occurred in a hospital or institution, give its NAME instead of street and number)

916 (Year)

10, (Day)

Mar,

6 Date

of children born

Total number

Annie Genari

FULL NAME OF CHILD.

No.

 $B\Gamma$ 

alive previous to this birth.

(b) Number, in order of birth.

If plural Births

3

3a Color

PERMANENT RECORD

NRE

OR

3 Sex

**VPPROVED** 

FATHER

Genari

Luigi

FULL

(a) Twin, triplet or other.

of Birth

(Month)

MOTHER

Registered No. 07

4

Deposition No.

CORRECTION

AND

AFFIDAVIT

couth por ough

A.

PLACE OF BIRTH

(City or Town)

WORCESTER

DIVISION OF VITAL STATISTICS

A RECORD OF BIRTH

(City or Town making this return)

SOUTHBOROUGH

The Commonwealth of Massachusetts

in accordance with the provisions of Gen. Laws,

3

.Page

1844. 1918

Vol.

21 Original Record:

Southborough (City or Town)

The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

(Year)

161

January (Month)

20 Original Return Received

22

Form R 7-20M-9-76-129091

WRITE PLAINLY,

NO,

ADDRESS

Southborough (Name of City or Town)

of.

Town (City or Town)

and a cow of these corrections and affidavit

Cleri

J. Berry (Clerk or Registrar) Town

Paul

3

80

19

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

County of... The Commonwealth of Massachusetts The undersigned, being duly sworn, depose and say that the record relating to the birth of WORCESTER

(Give name of child exactly as recorded on the original record) Annie Genari

the .....of

Southborough

by the marriage of their parents,

(Name of city or town)

(city or town) Town

.....ln

said record has been supplied by....h.e.r..on the form of certificate on the other side of this blank SIGNATURE ....., and that the true statement of facts omitted or incorrectly stated (Him or her)

(City or town, street and number, if any RESIDENCE

Relation to child, if any

basis for an amendment or correction of the original record, except by adoption, records time the event occurred. Names that have been changed or subsequently acquired, cannot be Records can only be corrected in accordance with the facts as they actually existed at

WARGIN RESERVED FOR BINDING

illegitimate persons that have had their names changed by court decree or have become legitimate

the affidavit was:

URTHER, The evidence in a writing made at or near the time of birth submitted to substantiate

Attested

Copy this

0

H

Birth

Certificate

of Mother,

which

on

file

ח

office.

Date,

May

14,

1982

Name

Paul J.

Town

Clerk Berry

Official designation .....

(City or town clerk, assistant clerk, or registrar)

that the statements subscribed to by......**he.r**....are true

Then personally appeared before me the person whose signature appear above and made oath



# COMUNE DI BETTOLA

PROVINCIA DI PIACENZA

# CERTIFICATO DI NASCITA

Il sottoscritto Ufficiale dello Stato Civ	
ATTI DI NASCITA di questo Comune,	dell'anno (1 877 )
al N 72 Parte I° Seri GRILLI MODESTA	e == risulta che
E' NATO nel giorno TREDICI	
del mese di MAGGIO dell'	anno mille OTTOCENTOTTANTASETT
	(1 887 )
in BETTOLA	( PIACENZA )
figlia di fu Giacomo e di fi	Ferrari Giovanna
Il presente certificato si rilascia in	carta libera per
uso amminis	trativo
Bettola, li 9 febbraio	1973
	UFFICIALE DE LO STATO CIVILE
Compilate da	(Giulia Costa)
The second secon	TO THE TAXABLE PARTY OF THE PAR

## ATTACHMENT B

RETURN THIS FORM TO:

PHYLLIS ROIMAN DIRECTOR OF REGISTRATION REGISTRY OF VITAL RECORDS AND STATISTICS 150 TREMONT STREET, RM B-3 BOSTON, MA 02111 SOUTHBOROUGH June 15, 1994 DATE: COMMUNITY OF: ANNIE GENNARI: March 10, 1916 AFFIDAVIT AND CORRECTION OF A RECORD OF BIRIH: REGISTERED NUMBER APPROVED REJECTED REASON FOR REJECTION [] [] []

Any questions regarding these records should be directed to individual completing this form at 617/727-0036.

[]

REGISTRY PERSONNEL COMPLETING THIS FORM:

[]

JOHN DAVIS 3/24/1917 FORM R-7 adoption. RECORD of transmittal the last day for transmitt persons by court decree or PERMANENT THIS IS ed prior to t MARGIN RESERVED FOR name of UNFADING This form is not necessary in urns to this office, except in c PLAINLY. WRITE

BINDING

affidavit. See reverse side change of to in cases 50m-(b)-3-43-11574 returns

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY (City or Town making this return) (County) Registered No. . AFFIDAVIT AND CORRECTION A RECORD OF BIRTH (City or Town) Deposition No { (If birth occurred in a hospital or institution, give its NAME instead of street and number) STREET.. WARD John Augustus Davis 2 FULL NAME OF CHILD 3 Sex (a) Twin, triplet or other. 5 Born ALIVE or STILLBORN 6 Date March If plural Alive of Birth 3a Color Births (b) Number, in order of birth (Month) (Year) (Day) MOTHER FATHER MAIDEN FULL North Davis William В. Landry NAME NAME PRESENT NAME Lyman RESIDENCE, NO. STREET STREET RESIDENCE, NO. (At time of birth or adoption) (At time of birth or adoption) outhborough STATE Mass. Mass outhborough CITY OR TOWN. CITY OR TOWN 15 White AGE AT TIME OF BIRTH AGE AT TIME OF BIRTH COLOR OR RACE COLOR white OR ADOPTION \_ (Years) OR ADOPTION. OR RACE (Years) 11 PLACE Marlborough Maine Mass. Lewiston PLACE OF BIRTH OF BIRTH (City or Town) (State or Country) (City or Town) (State or Country) Machine Agen United at home OCCUPATION OCCUPATION (At time of birth or adoption) (At time of birth or adoption) Merrill Clyde 19 ATTENDANT AT BIRTH OR INFORMAN (Name) (Physician, parent or other, etc.) Mechanic Marlborough, Mass. ADDRESS NO (City or Town) 1917 March 20 Original Return Received 21 Original Record: Vol. (Month) (Day) (Year) 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the in accordance with the provisions of Gen. Laws,

(City or Town) (Name of City or Town)

Chapter 46, Section 13, this. has been transmitted to the Secretary of the Commonwealth, and a copy of these corrections and affidavit (Registrar)

## **DEPOSITION**

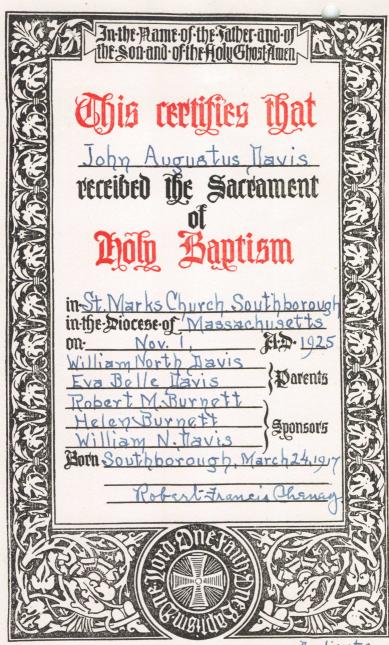
## WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts ss.:
County of Wargester Ss
The undersigned, being duly sworn, depose and say that the record relating to the birth of John Davis
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of fact
omitted or incorrectly stated in said record has been supplied by him on the form of certificate on the other side of this blank.
SIGNATURE  (City or town, street and number, if any)  William M. Davis Main H. Southbrong Tathe
BINGE TO SECTE THE SECTION OF SECTION AND SECTION AS A SE
FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiat the affidavit was:  Baptisimal record
Date, August 16, 1947
Then personally appeared before me the person whose signature appear above and mad
oath that the statements subscribed to by him are true.  Name John J. Ballenii
Official designation Town Clerk (City or town clerk, assistant clerk, or registrar

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the MARGIN RESERVED FOR BINDING

marriage

parents.



TERRANCE MAGUIRE
12/30/1917

# Commonwealth of Massachusetts.

No. 45#3

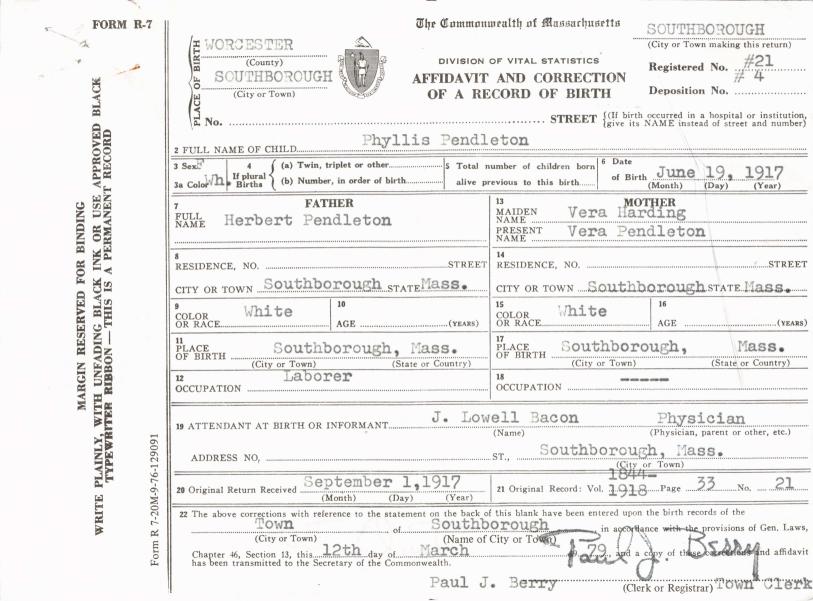
## DEPOSITION

## CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)					
The undersigned on oath depose and say that the record relating to the birth					
of Turrence John Maguire in the Ton of South berough, (Name of city or town.)					
does not fully and correctly state all the facts r	elating to said birth, and tha	t the following is a			
true statement of facts omitted or incorrectly sta	ted in said record:—				
Date of birth, Dremby 30 1917	Name of father folm T	Maguri			
Name of child, Terrence John Magning	Maiden name of mother, Wa	ry Sheehay			
Sex, Mali	Residence of parents, South	the birth occurred.)			
Color, While-	Occupation of father, (at the	ne the birth occurred.)			
Condition (twin, &c.),	Birthplace of father, Mare				
Place of birth, Southbrough	Birthplace of mother, Men	lberough			
SIGNATURE. (CI	RESIDENCE. ty or town, street and number, if any.)	Relation to child, if any.			
Mary S. Magniry Sean	Rosel-Southborough	Justhy			
	Date, fm 27-	1932			
Then personally appeared before me the person whose signature appear above and made					
oath that the statements subscribed to by	are true.				
	Of South Co	Bo La			
Recorded June 27-32	(City or town.)	Clerk.			
Recorded June 27-32	Of South Ge	rerigh Maga			
		19			

PHYLLIS PENDLETON
6/19/1917



acquired, cannot be

the

legitimate

## DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLI WITH DORABLE BLA	CK INK OR USE APPROVED BLACK TYPEV	VRITER RIBBON
The Commonwealth of Massachusetts		
County of WORCESTER	5	
	n, depose and say that the record relati	
(Give name of child exactly as recorded on the original	(1.ame of	orough
does not fully and correctly stateFirst	name	
Item(s)2, and the said record has been supplied by heron (Him or her)	nat the true statement of facts omitted or in the form of certificate on the other side of t	correctly stated in his blank.
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Vera G. Pendleton	160 Woodland Rd., Southborough, Ma. 01772	Mother
••••••••••••••••••••••••		**************************

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Certificate of Baptism on file.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by ..... her are true March 12,1979 Name

Official designation

(City or town clerk, assistant clerk, or registrar)

PERMANENT RECORD WITH UNFABING

side for affidavit.

20M-11-'29.

(City or town)

provisions of Chap. 281, Acts of 1925?

Is correction made under

Chapter 46, Section 13, this day of Auguhas been transmitted to the Secretary of the Commonwealth.

MARGIN RESERVED FOR BINDING

HE Worcester
(COUNTY)

O Southboroug
(CITY OR TOWN)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION

Southborough (CITY OR TOWN MAKING THIS RETURN)

Registered No. 21

Deposition No. #2

, and a copy of these corrections and affidavit

(Registrar)

and I Fart

ST	PF	FT	

OF A RECORD OF BIRTH

.WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Ohylis Olen	OLitu		
3 Sex Fe 4 (a) Twin, triplet or other 5 Born ALIV (b) Number, in order of birth al	T 10 101M		
7 FATHER FULL NAME Herbert Pendleton	MAIDEN Vera Harding PRESENT Vera Pendleton		
8 RESIDENCE, NO	Conthhonough		
9 COLOR OR RACE White BIRTHDAY (YEARS)	15 COLOR OR RACE White AGE AT LAST BIRTHDAY (YEARS)		
PLACE Southborough OF BIRTH (CITY OR TOWN) (STATE OR COUNTRY)	PLACE Southborough  (CITY OR TOWN) (STATE OR COUNTRY)		
OCCUPATION Laborer	18 OCCUPATION		
19 SIGNATURE OF ATTENDANT AT BIRTH  9 2 mll Saum (PHYSICIAN, PARENT OR OTHER, ETC.)  ADDRESS NO  STREET (CITY OR TOWN)			
20 Original return received September 1, 1917 (Month) (Day) (Year)	21 Original Record: Vol. Page No.		
22 The above corrections with reference to the statement on the	back of this blank have been entered upon the birth records of the		

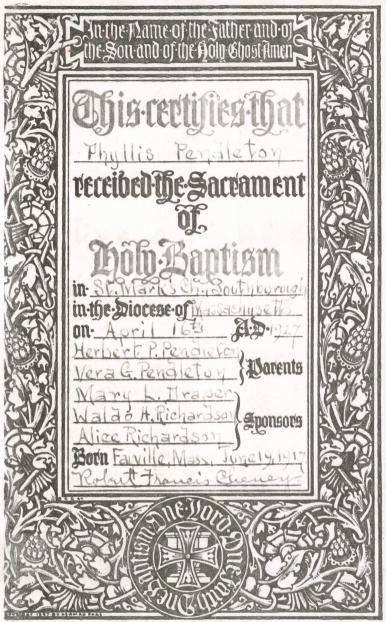
(Name of city or town)

## DEPOSITION

V WITH DUBARIE BLACK INK

	SET WITH BORRABLE BEACK THE	
The Commonwealth of Massachusetts		
County of Worcester	330.	
The undersigned, being duly swor	n, depose and say that the record rela	ating to the birth of
Phylis Pendleton (Give name of child exactly as recorded on the original does not fully and correctly state all the fa	in the Town of Sou (City or town) (Natatas relating to said birth, and that the transfer of the control of the	me of city of town,
omitted or incorrectly stated in said recor	rd has been supplied by her on to	the form of certificate
on the other side of this blank.	(Alm of her)	
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Bera & Peuclelon	Southborough	Mother
FURTHER The evidence submitt	ted to substantiate the affidavit was:	
PORTIDIC, The evidence susmit		2 esc. (1)
Is correction made under the provi	isions of Chap. 281 of the Acts of 1925?	
	Date,	
Then personally appeared before	me the person whose signature appe	ar above and made
oath that the statements subscribed to by	her are true.	2
Toka Series Concept more	Name Cut X, Fallos	2
	Official designation(City or town clerk,	assistant clerk or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, whether by adoption through legal procedure, or by common usage, cannot be the basis for an amendment or correction of the original record. MARGIN RESERVED FOR BINDING



and the second of the second o estrene (n. 1905) de la propieta de la companya de la com

mailed may 22, 1979,

ANTHONY CORRINE 5/19/1918

FORM-R-7 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY RECORD Registered No. A RECORD OF BIRTH Deposition No. ...STREET ......WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number) PERMANENT 3 Sex V (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN Date If plural 3a Color Births (b) Number, in order of birth. FATHER 13 MOTHER BINDING FULL MAIDEN NAME PRESENT NAME side for affidavit returns to annual 15 16 COLOR AGE AT LAST BIRTHDAY .... COLOR OR RACE AGE AT LAST 11 17 of necessary transmittal PLACE (STATE OR COUNTRY 18 OCCUPATION OCCUPATION 19 1859-d Original return received 21 Original Record: Vol. 3 Page 35 (Month) (Day) (Year) 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the So. WRITE , in accordance with the provisions of Gen. Laws. (City or town) 37 (Name of city or town) 0 Chapter 46, Section 13, this 2 19 44 and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

The Commonwealth of Massachusetts

WRITE LEGIBLY WITH DURABLE BLACK INK

County of Wacester		
The undersigned, being duly swo	orn, depose and say that the record rel	ating to the birth of
(Give name of child exactly as recorded on the origin does not fully and correctly state all the	facts relating to said birth, and that the tr	rue statement of facts
omitted or incorrectly stated in said reco	ord has been supplied by Que on t	the form of certificate
on the other side of this blank.		
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
( La X cross)	74 heil St - mullous	matte
	nce submitted to substantiate the affidavi	t was:
	Date,	5, 1944
Then personally appeared before oath that the statements subscribed to be	e me the person whose signature appear	ar above and made

Official designation.....

(City or town clerk, assistant derk or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the MARGIN RESERVED FOR BINDING

marriage of their parents.

## T. JOSEPH MCCOOK, SUPERINTENDENT

OFFICE HOURS:

8:30-9 A. M. DAILY 4-5 TUES. AND THURS. 4-4:30 MON. AND WED. 7-9 TUES. EVENING

TELEPHONE 55

## City of Marlborough, Massachusetts

OFFICE OF SCHOOL DEPARTMENT
HIGH SCHOOL BUILDING

January 14, 1944

TO WHOM IT MAY CONCERN:

According to the records of the Marlborough School Department ANTONIO CORINNE, born May 19, 1918, attended the public schools of Marlborough from September, 1923 through June, 1934.

Yours very truly

Superintendent of Schools

O'M

ELIZABETH ROSSI 9/16/1918

The Commonwealth of Massachusetts Southborough adoption (City or Town making this return) Worcester (County) Registered No. Southborough by ransmittal Deposition No. (City or Town) (If birth occurred in a hospital or institution, STREET ..... WARD APPROVED (give its NAME instead of street and number) Elizabeth Augustina Rossi 3 Sex H (a) Twin, triplet or other..... 5 Total number of children born of Birth September If plural 3a Color W (b) Number, in order of birth..... alive previous to this birth. Births (Month) FATHER Angelina Malchiodi MARGIN RESERVED FOR BINDING MAIDEN FULL PeterRossi NAME PRESENT NAME ..... affidavit .....STREET RESIDENCE, NO. RESIDENCE, NO. Southborough Southborough COLOR OR RACE. COLOR OR RACE.... White PLACE Italy Italy PLACE OF BIRTH .... OF BIRTH .... (City or Town) (State or Country) (City or Town) (State or Country) Laborer OCCUPATION ..... 19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.) ADDRESS NO. (City or Town) 20 Original Return Received Sept. 21 Original Record: Vol. Page 36 No. 26 (Day) (Year) 25M-2-62-932278 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Southborough ...... in accordance with the provisions of Gen. Laws, (Name of City or Town) (City or Town) 69. and a copy of these corrections and affidavit Chapter 46, Section 13, this 19th day of Mar has been transmitted to the Secretary of the Commonwealth.

(Registrar)

WRITE LEGIBLY WITH DURABLE BL	ACK INK OR USE	EAPPROVED	BLACK TYPEW	RITER RIBBON
The Commonwealth of Massachusetts				
County of Worcester	SS.:			

The undersigned, being duly sworn, depose and say that the record relating to the birth of in the Town n of Southborough Viola Rossi (Give name of child exactly as recorded on the original record) (city or town) (Name of city or town) does not fully and correctly state. first name, middle name and maiden name and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate on the other side of this blank.

Relation to child, if any SIGNATURE (City or town, street and number, if any)

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal certificate. On file a true attest letter from priest and a photostate copy of a true attest of mother's birth certificate.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by...her are true.

Date. March 19, 1969

(City or town clerk, assistant clerk, or registrar)

16.37 16.37		3
	Certificate of Baptism	
	Church of	200
	Manne D	
	Mouthborough Maiso.	
	This is to Certify >-	
	That Olizabeth Augustina Possi	2000
CICIC	Child of NEtro Mossi	CICIC
CICIO	and angeling Majernoti.	COC
	born in Muy refe, Mass	CO
	on the 16 day of Sept. (STATE)	100
SICICION SIC	was Baptized	CCCC
Sicion Sicion	on the day of Est. 19/9.	
	According to the Rite of the Roman Catholic Church	
COCC	by the Ren Multo Merran.	COC
acecececacecaca ecoc	the Sponsors being august Delarda	
	(Companioner Proces.	
	as appears from the Baptismal Register of this Church.	
000	Plated 111/18,1961.	CCC
Sicio	Deury Murchy	100
200	Hator Consideration of the factor of the fac	3
800%	popopopopopopopopopopopopopopopopopopo	14/1

# Saint Anne's Church Boston Road Southborough, Massachusetts

## TO WHOM IT MAY CONCERN:

This is to certify that our baptismal records show Mrs. Baldelli's maiden name to be Elizabeth Augustina Rossi

Rev Thomas J. Carberry

book 2 page 67

April 26, 1969



## Repubblica Italiana

Comune di VIGOLZONE



# UFFICIO DI STATO CIVILE

# CERTIFICATO DI NASCITA

Jebiodi Angela si maritava in tro come da atto vo registro.	NIGOLZONE certifica che dal registro degli atti di nascitali dell'anno mille attacento settanta sei serie. A vol. Unico parte I n. 71 risulta chi nel giorno Venti del mese di 9iugno in Vigolzone à nati
La contronominata Ma soddi 12 gennas 1896 Rivergaro con Rasi Pe n=4 iscrittonel relati	Malchiodi Angela  da Ju Antonio e da Magistrati Rosa  Rilasciato in carta libera per liquidazione di pensione.  VIGOLZONE, addi 13 SET. 1950, 195



L'UFFICIALE DI STATO CIVILE

Visto per la legalizzazione della firma del Jig Rapaccioli Roberto Ufficiale di Stato Civile di Vigolzone.

Rivergaro ,add 15 Settembres 1956

Abertale dalahustelir ilesabeta

IL PRETORE (Dott. Bruesto De Benedicti

Etuna A Benedica

CASA EDITRICE F. APOLLONIO E C.

RM R-7 WRITE PLAINL, WITH UNFADING BLACK INK-THIS IS A PERMANENT RECOR MARGIN RESERVED FOR BINDING

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitumate persons by court decree or by adoption som-(c)-1-45-15510	
urn of births received prior to change of mane of illegitimate See reverse side for affidavit.	
sary in the return of birt. ept in cases of change of See revers	
N. B. This form is not necess returns to this office, exc.	THE PROPERTY OF THE PROPERTY O
K v	

Worcester (County)  Southborough (City or Town)  OFFICE DIVISION AFFIDA OF A	CE OF THE SECRETARY (City or Town making this return sion of vital statistics  VIT AND CORRECTION Registered No.  RECORD OF BIRTH  Deposition No.  WARD { (If birth occurred in a hospital or institution give its NAME instead of street and number ssi
3 Sex F 4 (a) Twin, triplet or other 5 Bo	00-4 76 7010
3a Color W If plural (b) Number, in order of birth	Alive of Birth Sept. 16, 1918 (Month) (Day) (Year)
7 FATHER FULL NAME Peter Rossi	MAIDEN Angelina Malekobi PRESENT Angelina Rossi
RESIDENCE, NO. Cherry STR. (At time of birth or adoption)  CITY OR TOWN Southborough STATE Mass	(At time of birth or adoption)
COLOR OR RACE White OR ADOPTION (Yes	ars) 15 16 AGE AT TIME OF BIRTH OR ADOPTION (Years)
PLACE OF BIRTH (City or Town) (State or Country	PLACE OF BIRTH (City or Town) (State or Country)
OCCUPATION Laborer (At time of birth or adoption)	OCCUPATION House-wife  (At time of birth or adoption)
19 ATTENDANT AT BIRTH OR INFORMANT J ADDRESS NO. Latisquama	(Name) (Physician, parent or other, etc.)
20 Original Return Receive Sept. 17, 1918 (Month) (Day) (Year	
22 The above corrections with reference to the statement on the  Town (City or Town)  Chapter 46, Section 13, this 23rd day of Octob has been transmitted to the Secretary of the Commonwealth.	

(Registrar)

marriage

## DEPOSITION

## WRITE LEGIBLY WITH DURABLE BLACK INK

The Comm	onwealth of Massachusetts ss	. the take A 20	
County of	Worcester	or the very all	
The	undersigned, being duly swor	n, depose and say that the record relat	ing to the birth of
(Give name of	child exactly as recorded on the origina	in the Town of Southbo I record) (City or town) (Name of facts relating to said birth, and that the true	of city or town)
	incorrectly stated in said recorder side of this blank.	has been supplied by her (Him or her)	e form of certificate
	SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
ang	Elina Bossa	Cherry St. Southborough	Mother
***************************************	viatz.	version and version version	
FUR'	t was:	ng made at or near the time of birth subm	nitted to substantiate
<b>9</b> 11.1111111111111111111111111111111111		Date, October 23,	1947
Then	personally appeared before	me the person whose signature appear	r above and made
oath that th	ne statements subscribed to by	Name Jolan J. Bade	M
		Official designation Town C	lerk



Certificate of Paptism	
Church of	
St. anne Southboro mass.	
This is to Certify	
That Elizabeth Rossi Child of Peter Rossi	
and Angelina malekoli  Born in Faquille mass on the	
on the day of Sept 1918 was Baptized on the	
According to the Rite of the Roman Catholic Church	
the Sponsors being August Delade	
As appears from the Baptismal Register of this Church.	
the Sponsors being August Pelade and Constantina Rossi  As appears from the Baptismal Register of this Church.  Dated Sept. 13, 1947  Rev. Patrick & Long Pastor	

# Certificate of Paptism



Chairch of

# Chie is to Certify

Little with the state of the st
thill of mountainties are made to be the second
and the state of t
Born instance of the State State of the Control of the
on the the same stay of 1962.
Recording to the Mite of the Roman Gathelier Thurch
the sports or being michaling some millions
is appears from the Rapiismal Register of this Church.
Date of the commence of the co



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost.

Matt. 28-19

## The Holy Sacrament of Baptism

This is to Certify

The Shirt A Cal Alan
That Myabeth . Possis
The Daughter of feter Rossi
and Juaclina Malchabi
born in on Lept. 16 1918
CITY
was Baptized on Sept. 1 19 19 in the Church of
St. June, Southbard
according to the Rite of the Roman Catholic Church
by Rev. Joseph. P. Curan
Sponsors were August Delardo
and Constantina Roue
as recorded in the Baptismal Register of this church.
John D. Thomas Pastor and
Date Gug. 14, 1956
SEAL OF CHURCH

font, then enter basket, or Church.

® Benziger Brothers, Inc.

Form No. 56

Made in U.S.A.

## NOTATIONS

FIRST	
CONFIRMATION	
MARRIAGE	
SUBDIACONATE	
religious / profession /	

EDWARD BERNI 10/22/1918

FORM R-7 The Commonwealth of Massachusetts KEVIN H. WHITE adopieon (City or Town making this return) Worcester (County) Registered No. Southboroug Deposition No. (City or Town) (If birth occurred in a hospital or institution, STREET ..... WARD APPROVED give its NAME instead of street and number) Edward Berni 3 Sex M (a) Twin, triplet or other..... 5 Total number of children born October 22, 1918 If plural of Birth . (b) Number, in order of birth..... alive previous to this birth. 3a Color Births (Month) (Year) FATHER 13 MOTHER MARGIN RESERVED FOR BINDING FULL NAME Flora Turbi Berni Lazarus PRESENT NAME ..... STREET RESIDENCE, NO. RESIDENCE, NO. STREET CITY OR TOWN Southborough STATE Mass. CITY OR TOWN Southborough STATE Mass. COLOR COLOR OR RACE. White White reverse PLACE PLACE Italy OF BIRTH ..... (City or Town) (State or Country) (State or Country) (City or Town) Laborer OCCUPATION ..... 19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.) ADDRESS NO. office. (City or Town) 20 Original Return Received October (Day) -2-62-932278 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the of Southborough ...... in accordance with the provisions of Gen, Laws, (Name of City or Town) November 25M ...19....66..., and a copy of these corrections and affidavit Chapter 46, Section 13, this 2nd day of day has been transmitted to the Secretary of the Commonwealth.

(Registrar)

Y WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

The undersigned, being duly	sworn, depose and say that the record relating to the birth of
Charles Berni	in the Town of Southborough
(Give name of child exactly as recorded on the	original record) (city or town) (Name of city or town) First name incorrect and spelling of ne incorrect
father's first na	ne incorrect
	and that the true statement of facts omitted or incorrectly stated in

(Him or her)

SIGNATURE

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal record

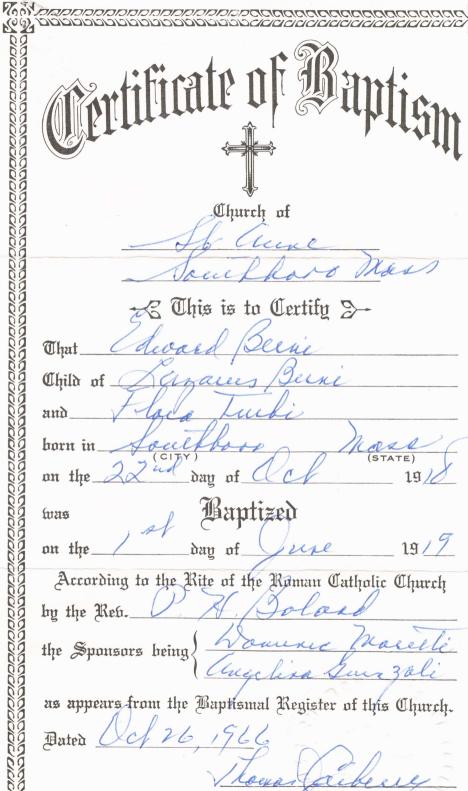
Then personally appeared before me the person whose signature appear that the statements subscribed to by.....are true.

above and made oath

Official designation ......Mx.Commission Expires May 4.1269...
Notary Publ (City or town clerk, assistant clerk, or registrar)

BINDING hey actually existed at the time the quired, cannot be the basis for an and further, records of illegitimate

become legitimate by



Church of This is to Certify > Child of and on the Baptized was on the day of\_ According to the Rite of the Roman Catholic Church by the Reb. the Sponsors being. as appears from the Baptismal Register of this Church.

LENA BERTONASSI 10/22/1918

to the last day for transmittal of annual WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

3. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adolytion.

25M-4-59-925100

1	IRTH	Worcester (County)	A 3.0 a
1	B		
<	OF.	Southborough	
1	E	(City or Town)	A STON

The Commonwealth of Alassachusetts JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS

### AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

So	u	th	bo	r	ou	gr	1
*********	******		******				
(City	or	Tov	vn r	nak	ing	this	return

Registered No.

Deposition	No.	#27#4

(Registrar)

□ No. STREET	
2 FULL NAME OF CHILD Lena Louise Berto	nassi
3 Sex F 4 (a) Twin, triplet or other	LIVE or STILLBORN of Birth October 22, 1918 (Month) (Day) (Year)
7 FATHER FULL NAME Massimo Bertonassi	MOTHER MAIDEN Albina Berni PRESENT Albina Bertonassi
RESIDENCE, NO. (At time of birth or adoption) STREET CITY OR TOWN Southborough STATE Mass.	RESIDENCE, NO. (At time of birth or adoption) STREET CITY OR TOWN Southboroughstate Mass.
9 COLOR OR RACE White OR ADOPTION(YEARS)	COLOR OR RACE White AGE AT TIME OF BIRTH OR ADOPTION(YEARS)
PLACE OF BIRTH (City or Town) (State or Country)	PLACE OF BIRTH (City or Town) (State or Country)
OCCUPATION Laborer (At time of birth or adoption)	OCCUPATION(At time of birth or adoption)
19 ATTENDANT AT BIRTH OR INFORMANT. J. LOWELL	(Name) (Physician, parent or other, etc.)
ADDRESS NO.	ST., Southborough, Mass. (City or Town)
20 Original Return Received October 29, 1918 (Month) (Day) (Year)	21 Original Record: VolPageNo
Town of South (Name of Chapter 46, Section 13, this has been transmitted to the Secretary of the Commonwealth.	City or Town)  19 66 and a copy of these corrections and affidavit

### **DEPOSITION**

WRITE	LEGIBLY WITH	DURABLE BLA	ACK INK OR US	SE APPROVED BLA	CK TYPEWRITER RIBBON

The Commonwealth of Massachusetts
County of Worcester
The undersigned, being duly sworn, depose and say that the record relating to the birth of
(no name given) in the Town of Southborough (Give name of child exactly as recorded on the original record) (city or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied byheron the form of certificate
on the other side of this blank.
SIGNATURE  RESIDENCE (City or town, street and number, if any)  Relation to child, if any
SIGNATURE  RESIDENCE (City or town, street and number, if any)  Leman Francis Bestomassa Baldulli' Southfree Mass
FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:
Certificate of Baptism
Date, January 7, 1966
Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by
Official designation

# $\mathcal{R}$ $\mathcal{R}$ and the second contract of the

Church of This is to Certify born in (CIT (STATE) on the saptized was day on the According to the Rite of the Roman Catholic Church by the Reb. the Sponsors being as appears from the Baptismal Register of this Church. Pustor

CAROLYN SMITH
11/15/1918

RECORD PERMANENT MARGIN RESERVED FOR BINDING INK-THIS IS BLACK WITH UNFADING WRITE PLAINLY,

the return of births received prior to the last day annual returns to this office. This form is not necessary in the return for transmittal of annual ret

See reverse side for affidavit.

1859-d No.

25m-9-'37

I	middle
BIRT	middleney (COUNTY)
OF	Framinghain



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS

# AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

		*************	*********	
CITY OR	TOWN	MAKING	THIS	RETURN)

(Registrar)

Registered	No
Deposition	No. #5

NOSTI	REETWARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME OF CHILD Carolyn Louise	
If plural?	or STILLBORN 6 Date Vor. 15 / 918 (MONTH) (DAY) (YEAR)
FATHER FULL NAME Erwin Les Smith	18 MAIDEN NAME SIESIE Brewer PRESENT NAME Suoie Smith
RESIDENCE, NO. Turnpike Pd STREET CITY OR TOWN Southbord STATE Mass	14 RESIDENCE, NO. Turnpile Pd STREET CITY OR TOWN SOUTH BOID STATE MASS.
S COLOR White AGE AT LAST BIRTHDAY 2.3 (YEARS)	15 COLOR OR RACE  Ditte  18 AGE AT LAST 3055 (YEARS)
PLACE OF BIRTH LOWELL Mass.  (CITY OR TOWN) (STATE OR COUNTRY)	PLACE OF BIRTH Southbow Mars.  (CITY OR TOWN) (STATE OR COUNTRY)
OCCUPATION Electrician	18 OCCUPATION Houseringe.
ATTENDANT AT BIRTH OR INFORMANT Dr. 9. 7  ADDRESS NO. Latis quarra Pd	STREET SOUTHER TOWN)
20 Original return received (Month) (Day) (Year)	21 Original Record: Vol. Page No.
(City or town) (Name of city or to Chapter 46, Section 13, this day of	pack of this blank have been entered upon the birth records of the in accordance with the provisions of Gen. Laws, wwn)  19 , and a copy of these corrections and affidavit
has been transmitted to the Secretary of the Commonwealth.	and a sopy or those confounds and annually

marriage of their parents.

### DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts ss.	• 1 THE RESERVE AND A SECOND	
County of Worces ter } ss.	• 10 4004 10 4040 41 104	
The undersigned, being duly sworn, Caroline Louise Smith	depose and say that the record rela	
(Give name of child exactly as recorded on the original rec does not fully and correctly state all the fact	ord) (City or town) (Nam	ne of city or town)
omitted or incorrectly stated in said record	has been supplied by (Him or her)	he form of certificate
on the other side of this blank.		
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Susie Smith J	urnjeike Rd. Southbow	mother.
FURTHER, The written evidence	submitted to substantiate the affidavit	was:
Fis	& School Reco	, ba
	Date, Jamay	31, 1944
Then personally appeared before me	e the person whose signature appea	r above and made
oath that the statements subscribed to by	Quantum are true.	
	Name maijare T	bon win
	Official designation	

This is to certify that Carolyn Smith was enrolled in Grade One Fayville School, Southboro; Mass. September 2. 1924.

Margaret Reary Teacher.

ERNEST MINNUCCI 10/17/1919

The Commonwealth of Massachusetts Worcester OFFICE OF THE SECRETARY (City or Town making this return) DIVISION OF VITAL STATISTICS (County) Registered No. . . AFFIDAVIT AND CORRECTION Southborough A RECORD OF BIRTH (City or Town) Deposition No. Grove STREET ...... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number) Henry Minnucci Ernest 2 FULL NAME OF CHILD 5 Born ALIVE or STILLBORN 3 Sex M (a) Twin, triplet or other. Oct. If plural Alive of Birth Births (b) Number, in order of birth 3a Color (Year) (Month) (Day) FATHER MOTHER MAIDEN NAME Antonietta Giove FULL Ignazio Minnucci NAME PRESENT Antonietta Minnucci NAME Grove STREET RESIDENCE, NO. STREET RESIDENCE, NO (At time of birth or adoption) (At time of birth or adoption) Southborough STATE Mass. Southborough STATE Mass. CITY OR TOWN 15 AGE AT TIME OF-BIRTH COLOR OR RACE AGE AT TIME OF BIRTH COLOR White White OR ADOPTION 30 (Years) OR RACE OR ADOPTION\_2 (Years) 11 PLACE PLACE OF BIRTH OF BIRTH (State or Country) (City or Town) (State or Country) (City or Town) 12 Housewife Laborer OCCUPATION OCCUPATION (At time of birth or adoption) (At time of birth or adoption) Dr. Clyde Merrill 19 ATTENDANT AT BIRTH OR-INFORMANT (Name) (Physician, parent or other, etc.) Mechanic Marlborough. Mass. ADDRESS NO. (City or Town) Nov. 21 Original Record: Vol. 20 Original Return Received. (Month) (Day) (Year) 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Southborough , in accordance with the provisions of Gen. Laws, (Name of City or Town) (City or Town) February Chapter 46, Section 13, this day of has been transmitted to the Secretary of the Commonwealth. , and a copy of these forrections and affidavit (Registrar)

their parents.

### DEPOSITION

### WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts	\ <sub>60</sub> .	
The Commonwealth of Massachusetts  County of Worcester	533	
The undersigned, being duly s	worn, depose and say that the record rela	ting to the birth of
name omitted	in the Town of Southk	oorough
(Give name of child exactly as recorded on the or does not fully and correctly state all	riginal record) (City or town) (Name the facts relating to said birth, and that the tr	of city or town) ue statement of facts
omitted or incorrectly stated in said re	cord has been supplied by them on the	e form of certificate
on the other side of this blank.		
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
I gnazio mian	Muci Southborough	father
1 1 1	No. 1980 Property and the second	
Mas antonetta mu	mice Southborough	mother
FURTHER, The evidence in a	writing made at or near the time of birth subr	mitted to substantiate
the affidavit was:		
- Cert	lficate of Baptism	***************************************
	Date, February 14, 1952	
Then personally appeared before	ore me the person whose signature appear	ar above and made
oath that the statements subscribed to	by them are true.  Name Man 2. Raben	<u>.</u>
	Official designation Town Cle	rk
	(City or town clerk, as	ssistant clerk, or registrar)

# F. Naga con constante de la co ificate

(00)	නවා වා ව
, Para de la compara de la com	Certificate of Baptism
SCICIO SCICIO	
COC	Church of
CCC	St anne
2000	Southboro, Mass.
CICICIO	-E This is to Certify >
GCC	That Ernest Henry Minnucci
CCC	Ohild of Ignazio Minnueci
COCO	and antonietta Lione
COCC	born in Southboro Mass.
idace	on the 17th day of October 19 19
ומממי ומממי	was Baptized
COCO	on the 14th day of November 19 23
CICIO	According to the Rite of the Roman Catholic Church
000	by the Rets. James J. Curran
0000	the Sponsors being Micola Cocci
CCC	Maria Cocci
	as appears from the Baptismal Register of this Church.
00000000000000000000000000000000000000	Dated March 16 1952
CICIO	Thomas J. Markey
52	asat Pustor
(00)	an palababababababababadadadadadadadadadadad

CARL BERTONASSI
11/15/1919

	ısmit	36 Or	
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OR	for	urt a	
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	last	us p	
KE	the	erso	
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TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD	prior	timat	wit.
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NO	turn	chang	See reverse side for aftidavit.
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K	the	15es	
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	sary	pt i	
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	for	07	
	N. B. This form is not necessary in the return of births received prior to the last day for transmit	returns to this office, except in cases of change of name of illegitimate persons by court decree or	
	В.	re	
	N.		

25M-4-59-925100

	/ <b>H</b>	Worcester	
	BIRT	(County)	
1	OF	Southborough	
	LACE	(City or Town)	

### The Commonwealth of Massachusetts JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS

### AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or	Town	making	this	return	)
----------	------	--------	------	--------	---

Registered No.

Deposition No. ...

(Registrar)

No. STREE	T		
2 FULL NAME OF CHILD Carl Bertonassi			
3 Sex ∏	rn ALIVE or STILLBORN   6 Date   November 15, 1919   of Birth (Month) (Day) (Year)		
7 FATHER FULL NAME Massimo Bertonassi	13 MOTHER MAIDEN Albina Bernie PRESENT Albina Bertonassi NAME		
RESIDENCE, NO. Southborough STRE (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.	RESIDENCE, NO. Southborough STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.		
COLOR White AGE AT TIME OF BIRTH OR ADOPTION (YEAR	TS COLOR AGE AT TIME OF BIRTH OR ADOPTION(YEARS)		
PLACE OF BIRTH (City or Town) (State or Country)	PLACE OF BIRTH (City or Town) (State or Country)		
12 OCCUPATION (At time of birth or adoption) 18 OCCUPATION (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT			
20 Original Return Received November 19, 1919 (Month) (Day) (Year) 21 Original Record: Vol. Page 2 No. 23			
(City or Town) (Name	ck of this blank have been entered upon the birth records of the athborough, in accordance with the provisions of Gen. Laws, e of City or Town)  OOR 19 59, and a copy of these corrections and affidavit		

### **DEPOSITION**

WRITE   FGIRI	Y WITH DURAB	LE BLACK INK	OR USE APPROVED	BLACK TYPEWRITER	RIBBON

The Commonwealth of Massachusetts		
The Commonwealth of Massachusetts  County of Worcester	SS.:	
Charlie Bertonassi (Give name of child exactly as recorded on the original)	rn, depose and say that the record relationship record in the Town of South (Name of facts relating to said birth, and that the true	borough of city or town)
omitted or incorrectly stated in said record	l has been supplied byhimon t	he form of certificate
on the other side of this blank.	(IIIII of her)	
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Carl Bertmass	498 Berlin Road, Marlboro, Mass.	
FURTHER, The evidence in a wr the affidavit was:	iting made at or near the time of birth subm	nitted to substantiate
	Date, November 16,1959	
Then personally appeared before a	me the person whose signature appear a	bove and made oath
that the statements subscribed to byhi	Name Cleana 7.	Burke
	Official designation	erk sistant clerk, or registrar)



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost.

Matt. 28-19

### The Holy Sacrament of Baptism

That Cerl Bertonasse
The Son
The Daughter of Massing Sertonasse
The Daughter of Massing Sertonasse

born in Certele Masson Movis 19/9

was Baptized on Certify

was Baptized on Certify

according to the Rite of the Roman Catholic Church

by Rev. Cellis Sertonass

Sponsors were Cellis Sertonass

and Marke Barar

as recorded in the Baptismal Register of this church.

Seal Of CHURCH

Symbol—The flishes, or souls of the faithful, seek Baptism at

font, then enter basket, or Church.

® Benziger Brothers, Inc.

Made in U.S.A.

Form No. 56

FERNANDO BALDELLI 3/12/1919

Paul J. Berry

(Clerk of Registrar Town Clerk

Records can only be corrected in accordance with

Names that have

been changed original

record,

except

quired, cannot be the adoption, records of existed

the

court decree or have become legitimate

the facts as they actually or subsequently acquired,

correction

time

illegitimate persons that have basis for an amendment the event occurred.

had their names changed

### DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE I EGIRLY WITH DURABLE BL

WATE ELEGISE! WITH BORABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON
The Commonwealth of Massachusetts
County of WORCESTER Ss.:
The undersigned, being duly sworn, depose and say that the record relating to the birth of Ferdinda Bodelli in the Town Southborough
does not fully and correctly state. First, Middle initial and Last name, also, Fathers first and last name.
Item(s)2 & 7, and that the true statement of facts omitted or incorrectly stated in said record has been supplied byhim.on the form of certificate on the other side of this blank.
SIGNATURE  RESIDENCE (City or town, street and number, if any)  Relation to child, if any  Left  SIGNATURE  RESIDENCE (City or town, street and number, if any)  Left
FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:  Full name on Certificate of Baptism is Fernando A. Baldelli.  First and Last name of Father on Brothers birth Certificate,  Henry Dominic Baldelli, who was born on October 20, 1914 is spelled,  Eugwnio Baldelli. (Which are on file in the office of the Town Clerk)
Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to byare true.  August 11, 1982

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

Date, ....

Church of  South brough ma  Child of Eugenia Baldelli  and Fermina Serlippii  born in South brough mach 1919  was Baptized  on the 12 day of march 1919  According to the Rite of the Roman Catholic Church by the Rea. James F. Guran  the Sponsors being Eliza Linga  as appears from the Baptismal Register of this Church.  Dated August 6 1982  Perform Paul Loulance  Buston  Topopopopopopopopopopopopopopopopopopo	ମ । ଅଧାରଣ ପର୍ବାଣ ସେ ସମ୍ବରଣ ସେ ସେ ସେ ସେ ପ୍ରସର୍ଗ ପ୍ରସର୍ଗ ପ୍ରସର୍ଗ ପ୍ରସର୍ଗ ପ୍ରସର୍ଗ ପ୍ରସର୍ଗ ପ୍ରସର୍ଗ ପ୍ରସର୍ଗ ପ୍ରସର୍ଗ ଅଧାରଣ ଅଧାରଣ ସେ	adaladadadadada k
St. anne  South brough Ma  E This is to Certify 2-  That Lemando A. Saldelli  Thild of Eugenia Baldelli  and Lemando Baldelli  and L	Certificate of	Biplism
St. anne  South brough Ma  E This is to Certify 2-  That Lemando A. Saldelli  Thild of Eugenia Baldelli  and Lemando Baldelli  and L	Thurch of	
That I and A. Saldelli  That I and A. Saldelli  Thild of Eugenic Baldelli  and Fernica Sefilippi  born in Southbough STATE  on the 12 day of March 1919  was Baptized  on the 1 day of August 1919  According to the Rite of the Roman Catholic Church  by the Rev. James F. Gursan  the Sponsors being Eliza Linga  as appears from the Baptismal Register of this Church.  Bated August 6, 1982  Pastor	St. anno	
That I and A. Saldelli  That I and A. Saldelli  Thild of Eugenic Baldelli  and Fernica Sefilippi  born in Southbough STATE  on the 12 day of March 1919  was Baptized  on the 1 day of August 1919  According to the Rite of the Roman Catholic Church  by the Rev. James F. Gursan  the Sponsors being Eliza Linga  as appears from the Baptismal Register of this Church.  Bated August 6, 1982  Pastor	Lant la broaugh	Swa !
That Temando' A. Baldelli  Thild of Eugenia Baldelli  and Temana Serfilippi  born in Southbough Ma.  on the 12 day of March 1919  was Baptized  on the 1 day of Lugust 1919  According to the Rite of the Roman Catholic Church  by the Rev. James F. Curran  the Sponsors being Englisher of this Church.  Bated Lugust 6, 1982  Parked Lugust 6, 1982  Parked Longust Contains  Bated Lugust 6, 1982		ifu Q
Child of Eugenia Baldelli  and Fermina Serfilippi  born in South brough Ma  on the 12 day of March 1919  was Baptized  on the 17 day of According to the Rite of the Roman Catholic Church  by the Rev. James P. Cursan  the Sponsors being Eliza Linga  as appears from the Baptismal Register of this Church.  Dated August 6, 1982  Personne Faul toutaine  Bastor	2 Other is in cert	
born in Southbrough Ma (STATE)  on the 12 day of March 1919  was Baptized  on the 17 day of Lugust 1919  According to the Rite of the Roman Catholic Church  by the Rev. James & Curran  the Sponsors being Eliza Linga  as appears from the Baptismal Register of this Church.  Dated Lugust 6, 1982  Personne Serilippi  Ma (STATE)  Ma (STATE)  Ma (STATE)  Surgar  The Sponsors being Eliza Lingar	That Ternando A.	Daldelli
born in Southbough (STATE)  on the 12 day of March 1919  was Baptized  on the 1 day of According to the Rite of the Roman Catholic Church  by the Rev. James & Curran  the Sponsors being as appears from the Baptismal Register of this Church.  Dated August 6 1982  Parked Toutane  Pastor	Child of Eugenio Bald	lelle:
by the Rev. James & Curran  the Sponsors being Engelo Tomascini  as appears from the Baptismal Register of this Church.  Bated August 6 1982  Pastor		filippi !
by the Rev. James & Curran  the Sponsors being Engelo Tomascini  as appears from the Baptismal Register of this Church.  Bated August 6 1982  Pastor	born in Southboough	Ma.
by the Rev. James & Curran  the Sponsors being Engelo Tomascini  as appears from the Baptismal Register of this Church.  Bated August 6 1982  Pastor	on the 12 day of M	A .
by the Rev. James & Curran  the Sponsors being Engelo Tomascini  as appears from the Baptismal Register of this Church.  Bated August 6 1982  Pastor	Baptized	
by the Rev. James & Curran  the Sponsors being Engelo Tomascini  as appears from the Baptismal Register of this Church.  Bated August 6 1982  Pastor	on the 17 day of cu	gust 1919
Bated Inquest 6, 1982 Per John-Paul Fontaire Pressor	I company to the company of the	an Catholic Church
Bated Inquest 6, 1982 Per John-Paul Fontaire Pressor	g by the Reb. James &	(sursan
Bated Inquest 6, 1982 Per John-Paul Fontaire Pressor	the Sponsors being Eliza	- Tomascini Ginga
Bated Inquest 6, 1982 Per John-Paul Fontaire Pressor	as appears from the Baptismal Reg	gister of this Church.
Pustor		
	Ren	John-Paul Joutaine
		da d

## **Notations**

	( Date
FIRST COMMUNION	Church
	Place
	( Date
CONFIRMATION	Church
	Place
MARRIAGE(S)	Date November 8 1910 9  Church St. Cinne Southorough  Place Rev. Patrick & Long.
DIACONATE	Date
	Place
RELIGIOUS PROFESSION	Order
	Place

HAROLD FAY 3/21/1920

This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of indegitimate persons by court decree or by adoption. WRITE PLAINLY, WITH UNFADING BLACK INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

50m (d)-1-41-4695

N.B.

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH Deposition No.  STREET. WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME OF CHILD. Harold of any			
3a Color   If plural   (b) Number, in order of birth	LIVE or STILLBORN 6 Date of Birth (Month) (Day) (Year)		
FATHER FULL NAME  OMINICA  RESIDENCE, NO. Pleasant STREET  (At pine of birth or adoption)  CITY OR TOWN A CONTROL STATE Mass.	MAIDEN Delena (De Playse).  PRESENT HAME  14  RESIDENCE, NO. Plasant STREET  (At time of birth or adoption)  CITY OR TOWN. Fassardle STATE Mass		
9 COLOR OR RACE. White OR ADOPTION. 3.7 (YEARS)	15 COLOR OR RACE. White OR ADOPTION. 34 (YEARS)		
OF BIRTH Jurenzola Italy OF BIRTH Marino Italy (City or Town) (State of Country)			
OCCUPATION. meat paker  (At time of birth or adoption)	OCCUPATION. Sousewife (At time of birth or adoption)		
19 ATTENDANT AT BIRTH OR INFORMANT.  One (Name)  (Name)  (Physician, parent or other, etc.)  ADDRESS NO.  ST. Janningham.  (City or Town)			
20 Original Return Received. (Month) (Day) (Year)	21 Original Record: Vol		
22 The above corrections with reference to the statement on the back of this (City or Town) (Name of	blank have been entered upon the birth records of the		
Chapter 46, Section 13, thisday of			

### WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts County of Massachusetts	O OBOLES A 46	
County of orcesur		
(Give name of child exactly as recorded on the original re	in the Court of (Name of cord) (City or town) (Name of cord) that the true	hlow, f city or town)
omitted or incorrectly stated in said recor	d has been supplied byon the	e form of certificate
on the other side of this blank.	(Him or her)	
SIGNATURE Einice Cibelli	RESIDENCE (City or town, street and number, if any)  Southboro Mass.	Sister
surses on the state of the stat		
FURTHER, The evidence in a writing	ing made at or near the time of birth submit	tted to substantiate
the affidavit was:	ptional Record.	
	Date, 3	
Then personally appeared before a	me the person whose signature appear	above and made

Official designation.....

(City or town clerk, assistant clerk, or registrar)

oath that the statements subscribed to by....are true.

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the MARGIN RESERVED FOR BINDING

# Captismal Certificate

CHURCH OF

St Anne
Southboro mass
Name Harold H. Fay
Child of Dominick Fay
and Delina (D. Plazzi) Fay
Born Mar. 21 1926
was Baptized may 30 1920
According to the Rite of the Roman Catholic Church
By Rev. James Curtan
Sponsors Tillo De Sanda
( trona tapesi
As appears from the Baptismal Register of this Church.
Dated July 31 1943
W. R. Brophy Rector
Rector

NO. 305, F. J. R. CO., N. Y

RENA TEBALDI 9/24/1921

(Clerk or Registrar)

time

### **DEPOSITION**

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY	Y WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBE	301
---------------	--	-----

County of County	ss.:	
County of		
The undersigned, being duly swor	m, depose and say that the record	d relating to the birth of
(Give name of child exactly as recorded on the original	in the own of Sou	omoor ough
(Give name of child exactly as recorded on the original does not fully and correctly state	lling of last name is	(Name of city or town)
Item(s) 2.72 136	1. 1. 1.	
Item(s) , and t said record has been supplied by (Him or her)	the form of certificate on the other si	d or incorrectly stated in ide of this blank.
SIGNATURE	RESIDENCE (City or town, street and number, if any	Relation to child, if any
Lugusta Telplyi	85 Muslboro Kel South	boro Mother
Letyno Gebaldi	85 Marleon Kd South	baro Father
FURTHER, The evidence in a writing	ing made at or near the time of birth	aub
the affidavit was: Pull home on.	Republished Cost of the time of birth	submitted to substantiate
Tebaldi.		The second of th
Copy of Sotari	ized "Translator's Star	tement" of the
Marriage Certificate of	Corenzio Thaldi and	Americaba
Facondini, parents of	lena Hilda Tebaldi aro	on file in this
office.		
Then personally appeared before n	ne the person whose signature appe	ear above and made oath
that the statements subscribed to by		
		REAL
Date, 40345 7, 1978	Name laux.	Surg
		enry
	Official designation	a Clavie

by the marriage of illegitimate persons that have had their names changed by court decree basis for an amendment the event occurred. Names that have Records can only be corrected in accordance with the facts as they actually their correction of the been changed or subsequently original record, except by adoption, acquired, cannot be the have become legitimate existed records of at the

(City or town clerk, assistant clerk, or registrar)

# Baptismal Certificate

1	
Rena Hil	da Tebaldi
child of Terenzio	Tebaldi and
dugusta	Tacondini
born on Sept. 24	1921
place	
on June 23	Sacred font of Baptism  in
St. A 20 Boston Rd.	Southboro, Mass. 01772
by the Reverend Jame	
Godfather Tony	
Godmother Man	
	Tonoreto date Much 6,1

Conception Abbey Press, Conception, Missouri

# TRANSLATION of MARRIAGE CERTIFICATE of TERENZIO TEBALDI and AUGUSTA FACONDINI

(Seal)

TOWN OF PESARO

Civil Statu

1 402670

Husband and Wife

10 To 10 10 10

TERENZIO TEBALDI AUGUSTA FACONDINI

Marriage celebrated in Pesaro, on June 10, 1920 Act Number 163 Part I

Notice

This booklet is to be presented at the Office of Civil Status every time declarations are to be made for the execution of legal documents.

It must be carefully kept, being of much value in the request for documents.

Husband: TERENZIO TEBALDI, son of the deceased Luigi and of Zeffirina Pucci; occupation, Laborer

Wife:- AUGUSTA FACONDINI, daughter of Giovanni and of Maria Carloni; occupation, Peasant.

TOWN OF PESARO

Numbers 24-4118 / 27-5029

The Mayor (Signed) Silvio Guccio

(Seal of the Town of Pesaro, Office of Civil Status)

FAMILY SITUATION:

Surname and name. TEBALDI TERENZIO: born; January 25, 1895 in Pesaro; Register Part I, Number 72: Family relationship; Head of the Family.

Surname and name: FACONDINI AUGUSTA: born; October 28, 1897 in Pesaro: Register Part I, Number 55: Family relationship; Wife.

TRANSLATOR'S STATEMENT

Suffolk SS Commonwealth of Massachusetts

This is to certify that the above translation from Italian into English of the Marriage Certificate of Terenzio Tebaldi and Augusta Facondini is true and correct and conforms to the original herewith attached, to the best of my knowledge and ability.

Boston, Massachusetts, January 28, 1942.

Roser Purato

TRAN LATION of MARRIAGE CERTIFICATE of TERENZIO TEDALDI and AUGUSTA FACONDINI

(Seal)

TOWN OF PESARO

Givil Status 1 402670

Husband and Wife

TERENZIO TEBALDI AUGUSTA FACONDINI

Marriage celebrated in Pesaro, on June 10, 1920 Act Number 163 Part 1

Notice

This booklet is to be presented at the Office of Civil Statue every time declarations are to be made for the execution of legal documents.

It must be carefully kept, being of much value in the reason

for documen 3.

Fishand: TERENZIO TEBALDI, son of the deceased Luigi and of Zeffirina Pucci; occupation, Laborer

Wife:- AUGUSTA FICONDINI, daughter of Ciovanni and of Carloni; occupation, Peasant.

TOWN OF PELANO

Numbers 24-4118 / 27-5029

The Mayor (Signed) Silvio Guccio

(Seal of the Town of Pesaro, Office of Civil Status)

FAMILY SITUATION:

Surname and name. TEBALDI TERENZIO: born; January 25, 1895 in Pesaro; Register Part I, Number 72: Family relationship; Head of the Family.

ship; Head of the Family.

Surname and name: ACONDINI AUGUSTA: born; October 28, 1897
in Pesaro: Register Part I, Number 55: Family relationship; Wife.

TANSLATOR'S STATEMENT

Suffolk SS Commonwealth of Massachusetts

This is to certify that the above translation from Italian into English of the Marriage Certificate of Terensio Tebaldi and augusta Facondini is true and correct and conforms to the original herewith attached, to the best of my knowledge and ability.

Boston, Massachusetts, January 28, 1042.

Francis Chucops

MARJORIE NICHOLS
2/4/1921

RECORD PERMANENT FOR MARGIN This form WRITE

affidavit. not necessary or transmittal

1859-d

The Commonwealth of Massachusetts BIRTH OFFICE OF THE SECRETAR (CITY OR TOWN MAKING THIS PETLIPN) (COUNTY) Registered No. (CITY OR TOWN) Deposition No... (If birth occurred in a hospital or institution, give its NAME instead of street and number) 3 Sex (a) Twin, triplet or othe 5 Born ALIVE or STILLBORN 6 Date-Births (b) Number, in order of birth 13 MOTHER FULL 14 STREET RESIDENCE CITY OR TOWN CITY OR TOWN 10 15 16 COLOR AGE AT LAST COLOR AGE AT LAST BIRTHDAY .....(YEARS) OR RACE .. (YEARS) 11 17 PLACE PLACE OF BIRTI (CITY OR TOWN) TE OR COUNTRY) (STA OR COUNTRY) 18 **OCCUPATIO** 19 (CITY OR TOWN) Original return received 1941 21 Original Record: Vol. Page (Year) 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the in accordance with the provisions of Gen. Laws, (Name of city or town) Chapter 46, Section 13, this. Telmany .19.41 and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

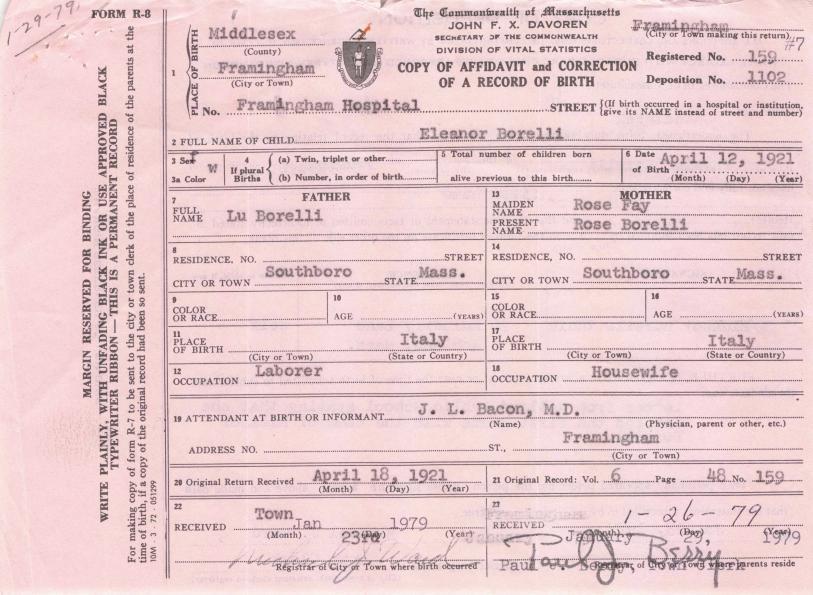
marriage of their parents.

### DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts	
The Commonwealth of Massachusetts  County of	
The undersigned, being duly sworn, depose and say that the record relating to the by Marine Claural Michael in the town of Southelm—(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement	of facts
omitted or incorrectly stated in said record has been supplied byon the form of cer	rtificate
on the other side of this blank.	
SIGNATURE RESIDENCE (City or town, street and number, if any)	ld, if any
SIGNATURE  RESIDENCE (City or town, street and number, if any)  Relation to chi  Therence I Michael Control St. Fayville Moth	es
	300
Then & Milol	
FURTHER, The written evidence submitted to substantiate the affidavit was:	
noThis in line of mutter Excount	
THE GIVE THE PARTY OF THE PARTY	
Date, Frlag 7-1541	<b></b>
Then personally appeared before me the person whose signature appear above and	1 made
oath that the statements subscribed to by are true.	
Name and 25 an Galy	
Official designation Notary Official (City or town clerk, assistant clerk or reg	istrar)

ELEANOR BORELLI 4/12/1921



### COPY OF DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY	WITH DURABLE	BLACK INK O	R USE APPROVED	BLACK TYPEWRITER R	IPPON
AAIVIIL PEGIDEI	***************************************	Barrent IIIII	IL GOL ALL MOVED	PLYCK LILEAMKIIEK K	IBROM

The Commonwealth of Massachusetts
County of
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town), does not fully and correctly state
Item(s), and that the true statement of facts omitted or incorrectly stated in said record has been supplied byon the form of certificate on the other side of this blank.  (Him or her)
SIGNATURE RESIDENCE (City or town, street and number, if any)
s/Eleanor Borelli Tusia 20 Mulberry Lane self Ashland, Mass.
FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:
Letter from Ashland Public School stating that she entered the first grade with the name of Eleanor Borelli.
Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to byare true.
Date, Jan 23, 1979 Name Michael J. Ward
Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

HENRY PROSPERI 4/2/1921

FORM R-7 of annual adoption. The Commonwealth of Massachusetts Southborough Worcester OFFICE OF THE SECRETARY (City or Town making this return) PERMANENT RECORD DIVISION OF VITAL STATISTICS (County) transmittal of decree or by ac Registered No. AFFIDAVIT AND CORRECTION by OF Southborough A RECORD OF BIRTH (City or Town) Deposition No. PLACE Cherry { (If birth occurred in a hospital or institution, } give its NAME instead of street and number) STREET .. by court Prosperi 2 FULL NAME OF CHILD 3 Sex (a) Twin, triplet or other. 5 Born ALIVE or STILLBORN 6 Date Apri] If plural Alive of Birth last Births (b) Number, in order of birth 3a Color persons (Month) (Day) (Year) BINDING 13 FATHER MOTHER the MAIDEN NAME Elizabeth Masi FULL Louis Prosperi illegitimate rafidavit. NAME PRESENT Prosperi NAME 14 FOR Cherry Cherry RESIDENCE, NO. STREET RESIDENCE, NO (At time of birth or adoption) (At time of birth or adoption) Southboro Mass of change of name of Southboro STATE MARGIN RESERVED STATE CITY OR TOWN BLACK side 15 white AGE AT TIME OF BIRTH COLOR OR RACE white AGE AT TIME OF BIRTH COLOR OR ADOPTION (Years) (Years) OR RACE OR ADOPTION UNFADING return of PLACE Italy PLACE Italy OF BIRTH OF BIRTH (City or Town) (State or Country) (City or Town) (State or Country) 18 12 Housewife Laborer cases OCCUPATION OCCUPATIO the (At time of birth or adoption) (At time of birth or adoption) in in Lowell Bacon, M.D This form is not necessary urns to this office, except i 19 ATTENDANT AT BIRTH OR INFORMANT (Name) (Physician, parent or other, etc.) Latisquama Road Southborough ADDRESS NO. (City or Town) 1921 20 Original Return Received Apri 6 21 Original Record: Vol. No. (Month) (Day) (Year) 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Southborough in accordance with the provisions of Gen. Laws, returns (Name of City or Town) (City or Town) , and a copy of these corrections and affidavit Chapter 46, Section 13, this has been transmitted to the Secretary of the Commonwealth. (Registrar)

1921

STREET

Mass.

MARGIN RESERVED FOR BINDING

their parents.

### DEPOSITION

### WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  Worcester  County of
County of
The undersigned, being duly sworn, depose and say that the record relating to the birth of
Ervin Prosperi in the Town of Southborough  (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by him on the form of certificate
on the other side of this blank.
SIGNATURE RESIDENCE (City or town, street and number, if any)
Duciano Prosperi Buton It Soulton Father
FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:  Baptismal record (Attached)
Date, January 5th 1954
Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to byare true.  Name Frances & Raberi
Official designation Town Clerk (City or town clerk, assistant clerk, or registrar)

Church of ST. ANNE'S SouthBORD - This is to Certify > That HARRY A. PROSPERI Child of Louis PROSPERI ELIZABETH MAGI born in FAYVILLE on the 2 day of April 1921 Baptized on the 15 day of MAY 1921 According to the Rite of the Roman Catholic Church by the Refi. JAMES P. CURRAN the Sponsors being Voseph Prosperi LENA MELO as appears from the Baptismal Register of this Church. Bated JULY 7, 1953 Rev. Vatrick C. &

es Valorios de la company de l

mas

NO. 314 F. J REMEY CO. INC. N.Y

HENRY GINGA 9/30/1921

FORM R-7 The Commonwealth of Massachusetts Southborough JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH (City or Town making this return) Vorcester (County) Registered No. #20 Southborou Deposition No. .... (City or Town) OF A RECORD OF BIRTH (If birth occurred in a hospital or institution, give its NAME instead of street and number) STREET ......WARD Henry Charles Ginga 3 Sex (a) Twin, triplet or other... 5 Total number of children born of Birth September If plural (b) Number, in order of birth... alive previous to this birth... 3a Color Births (Month) **FATHER** MOTHER MARGIN RESERVED FOR BINDING Elizabeth Dellacostanzo FULL NAME Ercole Ginga PRESENT Elizabeth Ginga side for affidavit 14 RESIDENCE, NO. ..STREET RESIDENCE, NO. .... Southborough COLOR COLOR OR RACE..... OR RACE. See reverse Italy Italy PLACE PLACE OF BIRTH .... OF BIRTH ..... (City or Town) (City or Town) (State or Country) (State or Country) Laborer OCCUPATION OCCUPATION Morse (Physician, parent or other, etc.) ADDRESS NO. .... (City or Town) October 21 Original Record: Vol. 7000 20 Original Return Received ... (Month) (Day) (Year) 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Southborough ., in accordance with the provisions of Gen. Laws, (Name of City or Town) Chapter 46, Section 13, this. 2011 day of FODIU has been transmitted to the Secretary of the Commonwealth. and a copy of these corrections and affidavit Clar(Registrar) Paul

WRITE   FGIRLY WIT	TH DURABLE BL	ACK INK OR USE	APPROVED BLACK	TYPEWRITER RIBBON

The Commonwealth of Massachusetts
County of Worcester
The undersigned, being duly sworn, depose and say that the record relating to the birth of
Andrea Charles Ginger in the Town of Southborough (Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state
Item(s)
SIGNATURE  RESIDENCE (City or town, street and number, if any)  Relation to child, if any

SIGNATURE	(City or town, street and number, if any)	
Henry Charles Singa	28 Main St.	Self
	Southborough, Ma.	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Last name of Father on Sister's Birth Certificate (Mary Ginga) who was born on March 24, 1913 is spelled Ginga.

Full name on Baptismal Certificate is Henry Charles Ginga.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by.....are true. Date, February 25, 1977 Name

Official designation Town (City or town clerk, assistant clerk, or registrar)

with the facts as they actually existed at the time the or subsequently acquired, cannot be the basis for an luired, cannot be the basis for an and further, records of illegitimate

MARGIN RESERVED

FOR BINDING

can only be red. Names th

MARCH 3, 1977 SOUTHBORD, MASS.

TOWN Clerk SOUTHBORD MASS.

DOBR SIR:

I HEREBY NOTIFY YOU THAT

MY MOTHER + FATHER WERE

MARRIED IN ITALY AND THAT

Their MARRIAGE CORTIFICATE

is UN AVAILIBLE.

Thomy Charles Singa 28 Main St Southbow, Moss



Henry Charles Tinga
child of Ecole Linga and
Elizabeth Dellzostanza
Elizabeth Dellzostanza born on September 30, 1921
place
was reborn of water and the Holy Spirit as a child of God at the Sacred font of Baptism
on January 1, 1922 in St. Anne's Church
20 Boston Rd. Southboro, Mass. 01772
by the Reverend James P. Curran
Godfather Riegorio Tistello
Godmother Augusta Fistello
issued by Rily Santonoceto date Feb. 24, 1977

Conception Abbey Press, Conception, Missouri

MARY MINNUCCI 12/7/1921 WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON—THIS IS A PERMANENT RECORD

annual return of births received prior to the last day for transmittal of annual of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit. 3. This form is not necessary in the returns to this office, except in cases

25M-4-59-925100

/=		^
BIRT	Worcester (County)	
OF.	Southborough (City or Town)	
CE	(City or Town)	

Grove

Chapter 46, Section 13, this day of day of has been transmitted to the Secretary of the Commonwealth.

The Commonwealth of Massachusetts JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS

### AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City	or	Town	making	this	return)

Registered	No.										

Deposition No. ....

and a copy of these corrections and affidavit

(Registrar)

z No. Grove STREET							
2 FULL NAME OF CHILD Mary Minnucci							
3 Sex F 4 (a) Twin, triplet or other							
3a Color   If plural   (b) Number, in order of birth	of Birth Dec. 7, 1921 (Month) (Day) (Year)						
7 FATHER FULL	MAIDEN Antoinette Cierre						
James Minnucci	MAIDEN Antoinetta Giove PRESENT Antoinetta Minnucci						
	NAME						
RESIDENCE, NO. Grove STREET (At time of birth or adoption) STREET (At time of birth or adoption)							
CITY OR TOWN Southboroughate Mass.	CITY OR TOWN Southborough STATE Mass.						
COLOR OR RACE White OR ADOPTION 40 (YEARS)	COLOR OR RACE White OF AGE AT TIME OF BURTH OR ADOPTION 22 (YEARS)						
11 PLACE OF BIRTH	PLACE Italy OF BIRTH						
(City or Town) (State or Country)	(City or Town) (State or Country)						
OCCUPATION Laborer (At time of birth or adoption)	OCCUPATION(At time of birth or adoption)						
10 ATTENDANT AT PIRTH OR INCORMANT Clyde H.	Merrill						
IS ATTENDANT AT BIRTH OR INFORMANT	(Name) (Physician, parent or other, etc.)						
ADDRESS NO.	ST., Marlboro, Mass. (City or Town)						
20 Original Return Received Dec. 20, 1921 (Month) (Day) (Year)	21 Original Record: VolPageNo						
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  Town Southborough , in accordance with the provisions of Gen. Laws,							
(City or Town) (Name of City or Town)  (Name of April 13 this 7th day of March 10 62 and a copy of those corrections and off day is							

the marriage of their parents

### **DEPOSITION**

WRITE LEGIBLY WITH DURAB	LE BLACK INK OR US	SE APPROVED BLAC	K TYPEWRITER RIBBON

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON
The Commonwealth of Massachusetts  County of Worcester ss.:
County of Worcester
The undersigned, being duly sworn, depose and say that the record relating to the birth of
Mary Minnucci in the Town of Southborough  (Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)  does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied byher
SIGNATURE Mary Minnucci Moore May Minnucci Moore Mary Minnucci Moorl  Marlborough, Mass.  Relation to child, if any Kings Grant Road Marlborough, Mass.
FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:  Baptismal record
Date, March 7, 1962
Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by her ware true

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୍ବିତ ଓ ଅଧିକ୍ରମଣ ଜଣ
Certificate of Baptism
Church of
Stamme Co
Douthborough Mass
-E This is to Certify >-
That Mary apolonia Minnici of
Child of Jasmed Minnucci
and antomette Giove
born in Sayville Mass
on the day of NEC 1924 CO
was Baptized
on the 19 day of Oct. 1924 66
According to the Rite of the Roman Catholic Church
by the Reb. Janka Curran
the Sponsors being Amelia Dettini
as appears from the Baptismal Register of this Church.
as appears from the Baptismal Register of this Church.  Bated 2011/1962
Source Murky 100
Pustor S2
(%) annicampanananananananananananananananananana

## Notations

43 74	/ Date	
FIRST COMMUNION	Church	\$
TRST COMMONION	Place	
	(Date Oprils 9, 1936.	
CONFIRMATION	Church Stammer	
	Place Southborough Mr	200
MARRIAGE (S)	( To	
	Date	
	Church	
	Place	
	( Date	
SUBDIACONATE	Church	
	Place	
RELIGIOUS PROFESSION	( Date	
	Order	
	Place	

JOSEPH FANTONY
12/23/1921

5m-12-'32. No. 7070-c

OF BIRTH Framincham Hospital

The Commonwealth of Massachusetts Office of the secretary Copy of Affidavit and Correction of a Record of Birth

Framingham

(CITY OR TOWN MAKING THIS RETURN)

Registered No.

Deposition No..... (If birth occurred in a hospital or institution,

Joseph Andrew Fanto	ONV				
2 FULL NAME OF CHILD					
3 Sex 4 (a) Twin, triplet or other	orSTILLBORN 6 Date Dec. 23, 1921				
3a Color   If plural   (b) Number, in order of birth   ELLIV	of Birth (MONTH) (DAY) (YEAR)				
7 FATHER FULL Charles Fantony	18 MOTHER MAIDEN Mary E. Mitchell PRESENT Fantony NAME.				
8 RESIDENCE, NOSTREET	14 RESIDENCE, NO. STREET				
CITY OR TOWN Southboro STATE	CITY OR TOWN STATE				
1 - 2	15   16				
9 10 AGE AT LAST BIRTHDAY (YEARS)	COLOR OR RACE BIRTHDAY (YEARS)				
PLACE OF BIRTH (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH				
(CITY OR TOWN) (STATE OR COUNTRY)  12 OCCUPATION	18 OCCUPATION h				
19 Attendant at birth or informant (Name) (Physician, Parent or other, ETC.)					
Address NoSt., Frainchem					
20 Original return received (Month) (Day) (Year)	21 Original Record: VolPageNo				
22	28				
RECEIVED 8/6/36 (YEAR) (YEAR)	RECEIVED(MONTH) (DAY) (YEAR)				
PECISTRAP OF CITY OR TOWN WHERE BIRTH OCCURRED	REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE				

## MARGIN RESERVED FOR BINDING

### COPY OF DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts (				
The Commonwealth of Massachusetts { s  County of Middle sex	s.:			
The undersigned, being duly sworn	n, depose and say that the record rela	ting to the birth of		
	(City or town) of Pranting the (City or town) (Name acts relating to said birth, and that the true			
omitted or incorrectly stated in said record on the other side of this blank.	rd has been supplied byon th	e form of certificate		
SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any		
Charles Fantony	Southboro	father		
		<u></u>		
FURTHER, The evidence submitted	ted to substantiate the affidavit was:			
Baptismal record				
	Date,	no		
Then personally appeared before me the person whose signature appear above and made				
oath that the statements subscribed to by	name are true	salsh		
	Official designation (City or town clerk, a	ssistant clerk or registrar)		

for an amendment or correction of the original record. time the event occurred. Subsequently acquired names, by common usage, cannot be the basis Records can only be corrected in accordance with the facts as they actually existed at the